

Case Number:	CM14-0046655		
Date Assigned:	06/27/2014	Date of Injury:	07/05/1989
Decision Date:	08/19/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama, New York, Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45 year old female who was injured on 07/25/1989. The mechanism of injury is unknown. She underwent a right L4-5 microdiscectomy and laminectomy at L4 and L5 bilaterally on 11/10/2000 and a left L5-S1 microdiscectomy at L4; L5 bilaterally on 04/21/2013 and microdiscectomy on 03/15/2013. Prior treatment history has included TENS unit and heat pack. Her medications as of 12/17/2013 included trazodone 150 mg, amitriptyline 150 mg, Lortab 10/325 mg, Tizanidine 4 mg, alprazolam 0.5 mg and Dilaudid 4 mg daily. Her medications as of 01/21/2014 included trazodone 150 mg, amitriptyline 150 mg, Lortab 10/325 mg, Tizanidine 4 mg, alprazolam 0.5 mg, and Dilaudid 4 mg daily. Follow up visit dated 12/17/2013 indicates the patient presented for a follow up status post revision right L5-S1 and has improved significantly. She has improvement in sensation; however, the patient notes a new different quality of pain. The pain is no longer sharp and stabbing but dull and aching pain. She reported the pain settles in the top of the foot and the lateral calf. There is pain in the great toe. On exam, she has decreased pinprick sensation in the right L4 dermatome. Deep tendon reflexes are trace and symmetric and power is 5/5. Follow up visit dated 01/21/2014 indicates the patient's symptoms are unchanged but does have a complaint of left buttock discomfort. She has been using a TENS unit with some partial relief. On exam is essentially unchanged from prior notes. She has a diagnosis of displaced lumbar disc. Prior utilization review dated 03/03/2014 states the request for Retrospective Standard Comprehensive Pharmacy Review for 13 medications is denied.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective Standard Comprehensive Pharmacy Review for 13 medications: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed. Physician's Desk Reference, 68th Ed. ODG Workers Compensation Drug Formulary Epocrates Online (www.online.epocrates.com) Monthly Prescribing Reference (www.empr.com) Opioid Dose Calculator AMDD Agency Medical Directors' Group Dose Calculator (www.agencymeddirectors.wa.gov).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1-127.

Decision rationale: The CPMT recommends the use of pharmacy review for 13 medications used in the treatment of the injured patients pain in order to establish a reasonable standard of care. The medical records document that there are some medications prescribed that are redundant/duplicate. Further, the documents show that some of the medications have no relationship to the compensable injury such as benzodiazepines. Therefore, based on CPMT guidelines and a review of the evidence, the request is not medically necessary.