

Case Number:	CM14-0093466		
Date Assigned:	07/25/2014	Date of Injury:	07/03/2009
Decision Date:	10/14/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

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 Family Medicine and is licensed to practice in California. 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 injured worker is a 56 year old male who sustained an injury on 07/03/09. The injured worker has been followed for ongoing chronic low back pain secondary to a prior lumbar fusion at L4-5. The injured worker had been assessed with failed back surgery syndrome. The injured worker's medication history has included Norco, Neurontin, Flexeril, and pantoprazole. Prior urine drug screen results have been reported as consistent. The last documented urine drug screen was from April of 2014. The 06/30/13 evaluation noted that the injured worker had limited lumbar range of motion on physical exam with intact strength in the lower extremities with exception of the left hip flexor. There was decreased sensation to light touch in the bilateral L5 distribution. The injured worker was recommended to continue with medications. A repeat urine drug screen was ordered at this evaluation. These were also complaint with prescribed medications. The most recent evaluation was from 03/25/14 which noted severe pain 7-8 out of 10 on the VAS. The injured worker's physical exam findings were essentially unchanged. No further evaluations were provided for review. The requested medications were determined not medically necessary on 06/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91,78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 88-89.

Decision rationale: In review of the clinical documentation provided, there are no updated evaluations for this injured worker discussing the current need for medications or the efficacy of this requested medication. Given the paucity of any current condition or requirement for this requested medication, this reviewer would not recommend this requested medication as medically necessary.

Medrol Dose Pack #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Corticosteroids, Oral

Decision rationale: In review of the clinical documentation provided, there are no updated evaluations for this injured worker discussing the current need for medications or the efficacy of this requested medication. Given the paucity of any current condition or requirement for this requested medication, this request is not medically necessary.