

Case Number:	CM15-0001238		
Date Assigned:	01/12/2015	Date of Injury:	07/16/1993
Decision Date:	03/13/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old male, who sustained an industrial injury on July 16, 1993. He has reported low back pain. The diagnoses have included lumbar myofascial pain, intervertebral disc disease and lumbar radiculitis. Treatment to date has included pain management and Toradol injection. Currently, the injured worker complains of an acute flare of low back pain with radiculitis. The injured worker noted that the pain increases with his activities of daily living. On examination, the injured worker had tenderness in the lumbosacral musculature without myospasm and no change in the injured worker's range of motion. Comorbid conditions were not defined in detail within the documentation submitted for review. On December 19, 2014, Utilization Review modified a request for Lorcet 10/325 mg #120 to Lorcet 10/325 mg #30 noting that there was no evidence of functional improvement related to use of Lorcet and modifying the request for the purpose of weaning. The California MTUS Chronic Pain Medical Treatment was cited. With regard to the request for bariatric surgery, Utilization Review noted that there were no comorbidities which would be expected to significantly improve with weight reduction. The National Guideline Clearinghouse was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of Lorcet 10/325 mg #12 and bariatric surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Lorcet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 88-98.

Decision rationale: MTUS guidelines do not recommend the use of opioids for chronic low back pain. There is no documentation of significant improvement functional with previous opioid use. Opioids are not medically necessary or appropriate.

1 Bariatric Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-322.

Decision rationale: The medical records do not indicate that this patient is an appropriate candidate for bariatric surgery. There is no documentation of psychiatric evaluation. Also, MTUS guidelines do not recommend bariatric surgery for the treatment of low back pain. Bariatric surgery is not likely to relieve this patient's low back pain. Current medical literature does not recommend bariatric surgery for low back pain treatment.