MAXIMUS Federal Services

Case Number:	CM15-0110109		
Date Assigned:	06/16/2015	Date of Injury:	03/18/2009
Decision Date:	09/16/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/08/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 49-year-old female, who sustained an industrial injury on 03/18/2009. Initial complaints and diagnosis was not clearly documented. On provider visit dated 03/30/2015 the injured worker has reported low back pain. On examination of the lumbar spine, there was a positive straight leg raise on the left. Gait was noted at antalgic. Anterior lumbar flexion causes pain. Left foot was noted to have a limited range of motion. In addition, left hip was noted to have tenderness. The diagnoses have included chronic pain syndrome related to fail back surgery syndrome. Treatment to date has included medication. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity noted in documentation. The provider requested Oxycontin, Meloxicam, Norco, Valium and electromyogram / nerve conduction velocity of the lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg ER #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 49 year old female has complained of low back pain since date of injury 3/18/2009. She has been treated with surgery, physical therapy and medications to include opioids since at least 02/2015. The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not indicated as medically necessary.

Meloxicam 15 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 49 year old female has complained of low back pain since date of injury 3/18/2009. She has been treated with surgery, physical therapy and medications to include NSAIDS since at least 02/2015. The current request is for Meloxicam. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 4 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Mobic is not indicated as medically necessary in this patient.

Norco 10/325 mg #220: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 49 year old female has complained of low back pain since date of injury 3/18/2009. She has been treated with surgery, physical therapy and medications to include opioids since at least 02/2015. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Valium 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This 49 year old female has complained of low back pain since date of injury 3/18/2009. She has been treated with surgery, physical therapy and medications to include Valium since at least 02/2015. The current request is for Valium. Per the MTUS guideline cited above, benzodiazepines are not recommended for long-term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, Valium is not indicated as medically necessary in this patient.

EMG/NCV of the lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 303-304.

Decision rationale: This 49 year old female has complained of low back pain since date of injury 3/18/2009. She has been treated with surgery, physical therapy and medications. The current request is for EMG/NCV of the lower extremity. The available medical documentation shows prior approval for the request of an EMG/NCV of the lower extremity. Repeat approval is therefore not indicated as medically necessary.