

Case Number:	CM15-0123228		
Date Assigned:	07/07/2015	Date of Injury:	10/18/1997
Decision Date:	08/05/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/25/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 46 year old male who sustained an industrial injury on 10/18/1997. Mechanism of injury was not documented. Diagnoses include degeneration of lumbar intervertebral disc, lumbar facet arthropathy, diffuse regional myofascial pain, cervical degenerative disc disease, chronic fascial pain status post trauma and chronic pain syndrome with both sleep and mood disorder. Treatment to date has included diagnostic studies, medications, physical therapy, he swims at a gym, mild weight lifting and a home exercise program, lumbar medial branch blocks, and cognitive behavioral therapy. His medications include Bupropion Hcl, Celebrex, Celexa, Effexor XR, Etodolac, Gabapentin, and Lidoderm patch, Norco, Protonix, Topamax and Trazodone. A physician progress note dated 05/21/2015 documents the injured worker is having increased low back pain as well as buttock and posterior thigh pain. He also had problems with his implants related to his industrial injury, and anxiety. He had a negative seated straight leg raise, but did note back and buttock pain. He had significant myofascial tenderness in the lumbar paraspinous muscles with significant exacerbation with any lumbar extension. He removed his denture and identified discomfort with its chronic wearing. The treatment plan includes continuing the medications Celexa and Etodolac; dental issues will need to be followed up with a dentist on an industrial basis. A prescription for Celexa was given to the injured worker as Effexor and Wellbutrin was denied. Celexa is being denied and a prescription for Etodolac was given to the injured worker. Treatment requested is for consultation for Spine Surgery, and Norco 10/325 MG #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for Spine Surgery: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Consultation for Spine Surgery is not medically necessary.

Norco 10/325 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 Opioids Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325 MG #60 is not medically necessary.