

Case Number:	CM15-0123767		
Date Assigned:	07/08/2015	Date of Injury:	09/20/2000
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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 64 year old female who sustained an industrial /work injury on 9/20/00. She reported an initial complaint of back pain. The injured worker was diagnosed as having spinal stenosis, lumbar post laminectomy syndrome, bilateral lower extremity radiculopathy, bipolar disorder, and medication induced gastritis. Treatment to date includes medication, spinal cord stimulator, psychiatry, and diagnostics. MRI results were reported on 6/29/10. CT scan results reported on 6/2/14. X-ray results reported on 6/17/14 and 10/17/14. EMG/NCV (electromyography and nerve conduction velocity test was performed on 8/24/10. Currently, the injured worker complained of pain in lower back that radiates to the right buttock, groin, and right hip. Per the primary physician's report (PR-2) on 6/1/15, exam notes straight leg raise was positive in the modified sitting position at 60 degrees on the right which caused radicular symptoms. Sensory exam using Wartenberg pinwheel were decreased along the posterolateral thigh and posterolateral calf, along the dorsum of the foot bilaterally and the distribution at L5-S1, positive Fabere's sign, right. The requested treatments include Comprehensive inpatient detoxification program, all-inclusive (days), Ultracet 37.5/325mg, and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive inpatient detoxification program, all inclusive (days) QTY: 7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), detoxification, hospital length of stay.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications Page(s): 124.

Decision rationale: This 64 year old female has complained of low back pain since date of injury 9/20/2000. She has been treated with physical therapy, surgery and medications to include opioids since at least 11/2014. The current request is for a comprehensive inpatient detoxification program, all inclusive (days). The available medical records do not document that a trial of tapering or reduction in medications has been attempted nor do they document intolerable side effects from medications or a lack of functional improvement from the medications. On the basis of the available medical records and per the guidelines cited above, comprehensive inpatient detoxification program, all-inclusive is not indicated as medically necessary.

Ultracet 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), weaning, opioids.

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

Decision rationale: This 64 year old female has complained of low back pain since date of injury 9/20/2000. She has been treated with physical therapy, surgery and medications to include opioids since at least 11/2014. The current request is for Ultracet. 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, Ultracet is not indicated as medically necessary.

Norco 10/325mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic), weaning, opioids.

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

Decision rationale: This 64 year old female has complained of low back pain since date of injury 9/20/2000. She has been treated with physical therapy, surgery and medications to include opioids since at least 11/2014. 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.