MAXIMUS Federal Services

Case Number:	CM15-0073991		
Date Assigned:	04/24/2015	Date of Injury:	07/18/2002
Decision Date:	05/27/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/17/2015

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 45-year-old male who sustained a work related injury July 18, 2001. An MRI of the lumbar spine, dated 11/24/2014, revealed right sided L5-S1 extrusion-type of disc herniation with contact of the right S1 nerve root and a tear of the annulus fibrosus centrally at L4-5 (report present in medical record). According to a primary treating physician's progress report dated March 13, 2015, the injured worker presented for follow-up with constant severe pain in the middle of his back. There is tenderness at L4 spine and his gait is normal. He was seen on consultation and recommended for epidural steroid injection. His Norco and Lorzone have been denied. Diagnosis is documented as lumbar intervertebral disc without myelopathy, Treatment plan included request for Conzip and Valium and return for follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conzip 200mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 93-94, 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113.

Decision rationale: Conzip is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Conzip can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation supporting any functional improvement with the continued use of opioids. Conzip 200mg, #30 is not medically necessary.