

Case Number:	CM15-0099548		
Date Assigned:	06/02/2015	Date of Injury:	09/21/1998
Decision Date:	06/30/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/22/2015

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: Emergency 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 58 year old male, who sustained an industrial injury on 9/21/98. The injured worker has complaints of back radiating from low back down both legs. The documentation noted that the injured worker awakens frequently due to pain and restlessness. The documentation noted on examination that the lumbar spine has tenderness and tight muscle band on both sides. The diagnoses have included lumbar strain; lumbar radiculopathy and spinal/lumbar degenerative disc disease. Treatment to date has included intrathecal pump with dilaudid; MS contin; neurontin; three low back surgeries; magnetic resonance imaging (MRI) of the lumbar spine on 1/5/06 showed post-surgical changes from L4 through S1 (sacroiliac) with bilateral pedicle screws, posterior plates and laminectomies, plus dick cages and thoracic spine X-rays on 1/29/03 showed degenerative disc disease mid thoracic spine and intrathecal catheter appears similarly positioned to that seen on the prior exam of 5/18/11. The request was for embeda 100/4mg quantity 21.

IMR ISSUES, DECISIONS AND RATIONALES

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

Embeda 100/4mg quantity 21: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Work Loss Data Institute, Medications (compounded).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Embeda 100/4mg quantity 21, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has complaints of back pain radiating from low back down both legs. The documentation noted that the injured worker awakens frequently due to pain and restlessness. The documentation noted on examination that the lumbar spine has tenderness and tight muscle band on both sides. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Embeda 100/4mg quantity 21 is not medically necessary.