MAXIMUS Federal Services

Case Number:	CM14-0142851		
Date Assigned:	09/10/2014	Date of Injury:	05/09/2000
Decision Date:	10/06/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Utah. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43 year-old female. The patient's date of injury is 5/9/2000. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with chronic low back pain, status post (s/p) fusion of L4-L5, sacroiliac (SI) joint dysfunction, right shoulder bursitis, right shoulder impingement. The patient's treatments have included steroid injections, acupuncture, chiropractic treatments, imaging studies, and medications.The physical exam findings, dated 8/14/2014 show tenderness to palpation of the lumbar paraspinal, decreased lumbar spine range of motion. There was also increased pain with lumbar extension with tenderness over the right sacroiliac joint, there is decreased sensation in the right lower leg. A positive straight leg test was noted on the right. The patient's medications have included, but are not limited to, Nortriptyline, Lidopro, and Norco.The patient has been on Norco chronically, and there is no significant documented improvement in pain or functionality in the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Follow up with Orthopedist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004), General Approach to Initial Assessment and Documentation, page 22, Independent Medical Examinations and Consultations, chapter 7.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for orthopedic consultation. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.According to the clinical documentation provided and current MTUS guidelines, a previous follow up appointment was already approved with the current orthopedist the patient is seeing already. Additional requests are not medically necessary at this time.

90 Hydrocodone/APAP 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. In addition, according to the documentation provided, there has been no significant change in character of the pain; the pain appears to be chronic, lacking indications for fast acting pain control medications. The previous request was approved as a taper from this medication. According to the clinical documentation provided and current MTUS guidelines; Hydrocodone/APAP, as written above, is not indicated a medical necessity to the patient at this time.