

Case Number:	CM14-0146626		
Date Assigned:	09/12/2014	Date of Injury:	10/09/2013
Decision Date:	10/21/2014	UR Denial Date:	09/02/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 50-year-old male who reported injury on 10/09/2013. The mechanism of injury was a trip and fall at work. Prior therapies included physical therapy, a TENS unit, and medications. The injured worker underwent trigger point injections and an MRI of the cervical spine. The injured worker underwent a left knee arthroscopy in 11/1999. The injured worker's medications included Duragesic 25/100 mcg topical q 2 days, Duragesic 25 mcg per hour q 72 hours, Flexeril 10 mg 1 twice a day, Neurontin 300 mg capsules, Norco 10/325 mg, Clonidine 0.1 mg patches and Ibuprofen 800 mg as of 01/2014. The injured worker underwent urine drug screens. The documentation of 08/08/2014 revealed the injured worker had low back pain including posterolateral thigh and calf pain. The pain level had increased since his last visit. The injured worker indicated the pain decreased with medications to a 5/10 to 6/10. Without medications the pain was noted to be a 10. The physician documented the activity level had decreased. The physician further documented no medication abuse was suspected and the injured worker reported constipation and fatigue with the use of MS-Contin. The physical examination revealed the injured worker had 4+/5 strength in the EHL on the left and 4/5 strength on the ankle planter flexors. The sensory examination revealed decreased sensation over the S1 lower extremity dermatomes on the left. The injured worker's deep tendon reflexes were 1/4 bilaterally in the knee jerk and ankle jerk. Diagnoses included lumbar radiculopathy, lumbar facet syndrome and elbow pain as well as olecranon bursitis. The treatment plan included a refill of the medications. The injured worker's current medications were noted to include Flexeril 10 mg 1 tablet by mouth 3 times a day, Neurontin 300 mg 1 to 2 at bedtime, MS-Contin 15 mg tablets 1 twice a day, Roxicodone 15 mg 1 four times a day as needed and Ibuprofen 800 mg as needed. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for MS Contin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. There was documentation indicating the injured worker had an objective decrease in pain, was being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription for MS-Contin 15 mg #60 is not medically necessary.

1 prescription of Roxicodone 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. There was documentation indicating the injured worker had an objective decrease in pain, was being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription for Roxicodone 15 mg #120 is not medically necessary.