

Case Number:	CM14-0103006		
Date Assigned:	07/30/2014	Date of Injury:	08/27/2007
Decision Date:	10/27/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 64-year-old male with an 8/17/07 date of injury. At the time (6/25/14) of the Decision for Current Opioid Misuse Measure (COMM) Assessment, there is documentation of subjective (head, neck, shoulder, low back, and bilateral leg pain) and objective (tenderness to palpation over superior trapezius and levator scapulae) findings, current diagnoses (cervical degenerative disc disease and lumbar degenerative disc disease), and treatment to date (medications (including ongoing treatment with Levothyroxine and Colace)). Medical reports identify that patient is presently on no narcotic pain medication. There is no documentation that patient has been taking opioids for an extended period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Current Opioid Misuse Measure (COMM) Assessment: 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 Official Disability Guidelines (ODG) Pain, Opioids, screening tests for risk of addiction & misuse

Decision rationale: MTUS does not address this issue. ODG identifies documentation of patients who have been taking opioids for an extended period of time, as criteria necessary to support the medical necessity of Current Opioid Misuse Measure (COMM). Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease and lumbar degenerative disc disease. However, given documentation that patient is on no narcotic pain medication, there is no documentation that patient has been taking opioids for an extended period of time. Therefore, based on guidelines and a review of the evidence, the request for Current Opioid Misuse Measure (COMM) Assessment is not medically necessary.