

Case Number:	CM14-0116334		
Date Assigned:	08/04/2014	Date of Injury:	03/13/1981
Decision Date:	10/02/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/23/2014

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 Practice and is licensed to practice in Texas. 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 an 83-year-old male who reported an injury on 03/13/1981. The mechanism of injury was not provided. On 06/16/2014, the injured worker presented with a pleasant demeanor. There were complaints of bilateral low back pain. Upon examination, there was radiation of pain to the right lower extremity. Current medications included Cozaar, Hydrochlorothiazide, Lisinopril, and Pentazocine Naloxone. The physical examination was within normal limits. The provider recommended Pentazocine naloxone, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pentazocine-Naloxone 50mg 0.5mg tablet Quantity 120 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Pentazocine-naloxone 50mg 0.5mg tablet Quantity 120 with 5 refills is not medically necessary. California MTUS Guidelines recommend the use of opioids

for the management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior and side effects. Additionally, the frequency in the medication was not provided in the request as submitted. As such, medical necessity has not been established.