

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0134639 | | |
| Date Assigned: | 08/29/2014 | Date of Injury: | 01/21/2011 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 08/21/2014 |

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 63-year-old male who reported and injury on 01/21/2011. The mechanism of injury was not provided for clinical review. The diagnoses included cervical disk disease, chronic pain, hypertension, GERD. The previous treatments included medication, acupuncture. Within the clinical note dated 08/04/2014, it was reported the injured worker reported acupuncture treatment has helped his neck and back. Upon the physical examination the provider noted the injured worker had a mild right upper quadrant epigastric tenderness to palpation. The request submitted is for Ultram ER, Norco, and Anaprox. However, a rationale was not provided for clinical review. The Request for Authorization is not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #60: 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, On-Going Management Page(s): 78.

Decision rationale: The request for Ultram ER 150mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects treated. The guidelines recommend the use of urine drug screen or in a patient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Therefore, the request is not medically necessary.

Norco 10/325mg (no quantity given): 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, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325mg (no quantity given) is not medically necessary. California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects treated. The guidelines recommend the use of urine drug screen or in a patient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. The request submitted failed to provide the quantity of the medication. Therefore, the request is not medically necessary.

Anaprox DS 550mg (no quantity given): 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 Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 66-67.

Decision rationale: The request for Anaprox DS 550mg (no quantity given) is not medically necessary. The California MTUS Guidelines note naproxyn is a nonsteroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. The guidelines recommend naproxyn at the lowest dose for the shortest period of time with moderate to severe pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and the quantity of the medication. Therefore, the request is not medically necessary.