

Case Number:	CM14-0031915		
Date Assigned:	06/20/2014	Date of Injury:	03/17/2009
Decision Date:	09/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 Internal Medicine, and is licensed to practice in Virginia and Washington DC. 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:

This patient sustained injury on March 17 2009. The patient was started on NSAIDS and acetaminophen for pain. The patient was prescribed tramadol, omeprazole, and hydrocodone/apap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Liver function test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Specific recommendations, Acetaminophen (APAP). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain Chapter, Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

Decision rationale: From the clinical documentation provided, it appears that the patient was on hydrocodone/APAP and had LFTs checked. This is not routine testing and not medically indicated unless certain signs and symptoms developed in the patient; however those are not evident here. Pure agonists: include natural and synthetic opioids such as morphine sulfate (MS Contin),hydromorphone (Dilaudid), oxymorphone (Numorphan), levorphanol (Levo-

Dromoran),codeine (Tylenol w/Codeine 3), hydrocodone (Vicodin), oxycodone (OxyContin),methadone (Dolophine HCl), and fentanyl (Duragesic). This group of opioids does not have a ceiling effect for their analgesic efficacy nor do they antagonize (reverse) the effects of other pure opioids. (Baumann, 2002) Morphine is the most widely used type of opioid analgesic forthe treatment of moderate to severe pain due to its availability, the range of doses offered, and its low cost. Therefore, the request is not medically necessary.