MAXIMUS Federal Services

Case Number:	CM14-0040500		
Date Assigned:	06/20/2014	Date of Injury:	09/11/2000
Decision Date:	07/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/12/2014

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 Nevada. 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 54-year-old gentleman who was reportedly injured on September 11, 2000. The mechanism of injury was not listed in these records reviewed. There were no progress notes presented for review or other data suggesting the efficacy or utility of such a medication protocol. Diagnostic imaging studies were not presented. Previous treatment included the use of several narcotic medications. A request had been made for multiple narcotic medications and was not-certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of MS Contin 60mg #90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 74, 78, 93 Page(s): 74, 78, 93 of 127.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, there is some support for long acting opioids in the management of chronic pain. However, the requesting provider has a responsibility to outline the responses medication, noting any efficacy or utility, and that the lowest dose possible is being employed to achieve these goals. Based on

the fact, that there was no narrative summary outlining the current response to this medication protocol, this lack of clinical information establishes the use of this medication is not medically necessary. There was no discussion about opioid contracts, appropriate urine drug screening if indicated or that the medications having any type of affect addressing the pain complaints. Therefore, based on the limited clinical information presented for review this is not medically necessary.

One prescription of Percocet 10/325mg #120 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 75 Page(s): 75 of 127.

Decision rationale: As noted in the California Medical Treating Utilization Schedule guidelines, there is some support for long acting opioids in the management of chronic pain. However, the requesting provider has a responsibility to outline the responses medication, noting any efficacy or utility, and that the lowest dose possible is being employed to achieve these goals. Based on the fact, that there was no narrative summary outlining the current response to this medication protocol, this lack of clinical information establishes the use of this medication is not medically necessary. There was no discussion about opioid contracts, appropriate urine drug screening if indicated, or that the medications having any type of affect addressing the pain complaints. Therefore, based on the limited clinical information presented for review, this is not medically necessary.