

Case Number:	CM14-0056982		
Date Assigned:	07/09/2014	Date of Injury:	10/12/2004
Decision Date:	09/15/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/28/2014

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 records, presented for review, indicate that this 52-year-old male was reportedly injured on October 12, 2004. The mechanism of injury was not listed in these records reviewed. There were no progress notes or physical examination presented for review. The only clinical data presented was a previous non-certification. I am unaware of any of the findings of any diagnostic imaging studies. Previous treatment included narcotic medications and other measures, but no specifics are available for review. A request was made for narcotic medications and was not certified in the preauthorization process on March 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 8 MG: 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 . 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 74 of 127.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), this is a significant narcotic medication indicated for once a day extended release. The parameters for continued use of narcotic medications are freely significant, and there is no current clinical

information presented to support the continued use of this medication, therefore unable to determine the medical necessity of its implementation. Based on the fact that there are no medical records presented for review, this is not medically necessary.