

Case Number:	CM14-0075462		
Date Assigned:	07/16/2014	Date of Injury:	12/04/1998
Decision Date:	09/19/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 55-year-old individual was reportedly injured on December 4, 1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 1, 2014 indicated that there were ongoing complaints of neck pain with radiation into the upper extremity. There were also complaints of low back pain. The physical examination demonstrated a 5'7", 200 pound individual who is hypertensive (143/111). Diagnostic imaging studies reportedly objectified postoperative degenerative changes. Previous treatment included multiple medications, lumbar fusion surgery, and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: When noting the date of injury, the reported mechanism of injury, the injury sustained, and the lack of any significant clinical improvement over the last number of years, there is insufficient clinical data presented to support this request. As outlined in the MTUS, this medication is indicated for the short term treatment of moderate to severe breakthrough pain. The progress notes presented for review did not indicate any efficacy or utility in terms of increased functionality or decrease in pain complaints. As such, based on the clinical information presented for review, this is not medically necessary.

Oxycontin 80mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, & 97.

Decision rationale: When noting the date of injury, the reported mechanism of injury, the injury sustained, and the lack of any significant clinical improvement over the last number of years, there is insufficient clinical data presented to support this request. As outlined in the MTUS, this medication is indicated for the short term treatment of moderate to severe breakthrough pain. The progress notes presented for review did not indicate any efficacy or utility in terms of increased functionality or decrease in pain complaints. As such, based on the clinical information presented for review, this is not medically necessary.