

Case Number:	CM14-0083120		
Date Assigned:	07/21/2014	Date of Injury:	02/17/2006
Decision Date:	09/25/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/04/2014

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 46-year-old gentleman was reportedly injured on February 17, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 23, 2014 indicates that there are ongoing complaints of back pain and numbness and tingling in the legs. The injured employee had previously been authorized for a lumbar spine fusion which had been canceled. Current medications include Lidoderm patches, Zanaflex, Norco, Ultram, and K-rub cream. No physical examination was performed on this date. Diagnostic imaging studies were not reviewed on this date. Previous treatment is unknown. A request had been made for Xartemis and was not certified in the pre-authorization process on May 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xartemis 7.5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

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

Decision rationale: Xartemis is oxycodone. According to the attached medical record the injured employee has been prescribed Norco and Ultram for at least the past several months. There is no documentation regarding the efficacy of these other opioid medications and it is unclear why another one is being prescribed. Considering this, this request for Xartemis is not medically necessary.