

Case Number:	CM14-0097595		
Date Assigned:	07/28/2014	Date of Injury:	09/15/2008
Decision Date:	09/24/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/25/2014

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 47 year old male was reportedly injured on September 15, 2008. The mechanism of injury is undisclosed. The most recent progress note, dated February 12, 2014, indicated that there were ongoing complaints of back pain. The physical examination demonstrated a normotensive, 175 pound individual with no other data presented. Diagnostic imaging studies objectified multiple level degenerative disc disease (circumferential disc bulge) with no nerve root compromise appreciated. Previous treatment included multiple medications and injection therapies. A request was made for narcotic medications and was not certified in the preauthorization process on June 5, 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 ACOEM, Chronic Pain Treatment Guidelines Opioids/medication. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), this is for the short term management of moderate to severe breakthrough pain. Furthermore, as outlined in the MTUS, the treatment plan parameters outlined in the MTUS for chronic opioid use require noting if the diagnosis has changed, other medications were being employed, or if any attempt has been made to establish the efficacy of the medications and documentation of functional improvement. Furthermore, adverse effects have to be addressed. None of these parameters, to continue this medication chronically, has been measured. Therefore, the medical necessity was not established.