

Case Number:	CM14-0098545		
Date Assigned:	07/28/2014	Date of Injury:	01/24/2012
Decision Date:	10/02/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family Medicine and is licensed to practice in California. 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 50 year old male who reported an injury on 1/24/2012 having head and lung issues. The injured worker had a history of issues dating back to 01/24/12 when the injured worker reported an increase in his heart rate and shortness of breath. Subsequent to the initial presentation the injured worker had complaints of dizziness and leg weakness. The utilization review dated 08/04/14 resulted in denials modified approvals for continued tramadol and Norco. Clinical note dated 04/09/13 indicated the injured worker continuing to complain of periodic weakness. The injured worker was also hypertensive with reading on this date of 188/110. The injured worker had overnight stay at emergency room following initial episode of weakness. The injured worker had complaints of low back pain. The injured worker reported the injured worker had been prescribed Norco and tramadol to address low back complaints. A clinical note dated 01/06/14 indicated the injured worker continuing with complaints of low back pain. The injured worker underwent brief course of chiropractic therapy. Upon exam the injured worker demonstrated 60 degrees of lumbar flexion with 25 degrees of extension and 25 degrees of bilateral lateral bending. No strength deficits were identified. The therapy note dated 03/26/14 indicated the injured worker completing four physical therapy sessions to date. A clinical note dated 03/27/14 also indicated the injured worker complaining of back pain and neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325MG, quantity 600.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Injured workers must demonstrate a functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of this narcotic medication. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

Tramadol 50mg, quantity 420.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 77.

Decision rationale: There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of this narcotic medication. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.