

Case Number:	CM14-0202018		
Date Assigned:	12/12/2014	Date of Injury:	10/08/2004
Decision Date:	01/28/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/02/2014

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 Occupational 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:

This individual is a 38 y/o male who developed chronic pan spinal pain subsequent to a motor vehicle accident on 10/8/04. He complains of pain 8-9/10 VAS without meds and about a 30% improvement 6-7/10 with meds. There is no history of documented opioid misuse. There are no objective neurological losses due to spinal injury. MRI studies and electrodiagnostic studies are negative. There is a history of diabetes. He has returned to full duties and continues to be at full duties with some discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 120 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines supports the judicious use of opioid medications when there is meaningful pain relief, no misuse and a return to work. At this point in time, this individual meets the guideline criteria for continued use. Therefore, the requested Norco 10/325 #120 with 3 refills is medically necessary.

Butrans Patch 15mg # 4 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines supports the judicious use of opioid medications when there is meaningful pain relief, no misuse and a return to work. At this point in time, this individual meets the guideline criteria for continued use. Therefore, the requested Butrans patch 15mg #4 with 3 refills is medically necessary.

12 Chiropractic visits for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines - Chiropractic guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 60.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend a trial of 6 sessions for spinal pain, with proof of benefit, before considering additional sessions. The request for 12 sessions is inconsistent with guideline recommendations and there are no unusual circumstances to justify an exception to the guidelines. Therefore, the requested 12 Chiropractic sessions is not medically necessary.