

Case Number:	CM15-0162746		
Date Assigned:	08/31/2015	Date of Injury:	04/04/2015
Decision Date:	10/20/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/19/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 4-4-2015. The mechanism of injury is injury from pushing up on a handle with his entire body to lower trailer cargo wheels. The current diagnoses are thoracic degenerative disc disease and compression fracture. According to the progress report dated 7-29-2015, the injured worker complains of mid back pain. The level of pain is not rated. He notes that he recently went to the ER with back pain; he was given morphine and sent home. The physical examination did not reveal any significant findings. The current medications are Embeda, Norco, Flexeril, Nexium, and Ambien. There is documentation of ongoing treatment with Embeda since at least 6-17-2015. Treatment to date has included medication management and x-rays. X-ray of the thoracic spine shows mild compression fracture at the T6 level. Work status is described as not working, on state disability. A request for Embeda has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Embeda 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Embeda, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Embeda, therefore is not medically necessary.