

Case Number:	CM15-0036734		
Date Assigned:	03/05/2015	Date of Injury:	07/27/2009
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/26/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old male who reported an injury on 07/29/2009. The mechanism of injury involved a fall. The current diagnosis is left hamstring tendinosis. The injured worker presented on 02/09/2015 for a follow-up evaluation. It was noted that the injured worker was utilizing Norco and MS Contin. Upon examination, there was tenderness over the left hamstring noted, tenderness over the lumbar spine, and SI joint tenderness. Recommendations included continuation of the current medication regimen. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Morphine Sulfate (MS) Contin 15mg extended release (ER) 1 tablet 2 times a day (BID) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Weaning of Medications Page(s): 78-80, 91, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication without any evidence of objective functional improvement. The physical examination on the requesting date only revealed tenderness to palpation. There is no evidence of a significant functional deficit to support the necessity for ongoing opioid therapy. As the medical necessity has not been established in this case, the request is not medically necessary.

Retrospective Norco 10/325mg 1 tablet by mouth 4 times a day (QID) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Weaning of Medications Page(s): 78-80, 91, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication without any evidence of objective functional improvement. The physical examination on the requesting date only revealed tenderness to palpation. There is no evidence of a significant functional deficit to support the necessity for ongoing opioid therapy. As the medical necessity has not been established in this case, the request is not medically appropriate.