

Case Number:	CM14-0177567		
Date Assigned:	10/31/2014	Date of Injury:	09/04/2012
Decision Date:	12/15/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 47-year-old male who reported an injury on 09/04/2012. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of right forefoot fracture, persistent right greater than left knee pain, low back pain, neck pain, and right shoulder pain. Past medical treatment consists of visits with podiatrist, home exercise program and medication therapy. Medications consist of Ultracet, Norco, and Relafen. On 03/13/2014, the injured worker underwent an MRI of the right foot. On 08/30/2013, the injured worker underwent an MRI of the lumbar spine. On 09/24/2014, the injured worker complained of persistent back, neck and right foot pain. There were no objective findings on the submitted progress report. Medical treatment plan is for the injured worker to continue with medications. A rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 bid #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultracet Page(s): 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The submitted documentation did not indicate the efficacy of the medication, nor did it indicate if the medication was helping with any functional deficits the injured worker was having. Additionally, there were no assessments submitted for review indicating what pain levels were before, during, and after medication administration. It was documented on progress note dated 09/24/2014 that the injured worker underwent a urine drug screen on 04/09/2014. However, the documented drug test was not submitted for review. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.

Norco 5/325mg qhs #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The submitted documentation did not indicate the efficacy of the medication, nor did it indicate if the medication was helping with any functional deficits the injured worker was having. Additionally, there were no assessments submitted for review indicating what pain levels were before, during, and after medication administration. It was documented on progress note dated 09/24/2014 that the injured worker underwent a urine drug screen on 04/09/2014. However, the documented drug test was not submitted for review. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.

Relafen 750mg bid #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: The documentation dated 04/09/2014 indicates that the injured worker had been on Relafen since at least this time, exceeding the recommended guidelines for short term use. There was no indication in the submitted documentation that the medication was helping with any functional deficits that the injured worker was having. Additionally, there was no rationale submitted for review to warrant the continuation of the medication. Given that long term use is not recommended and lack of documented evidence regarding the medication, the request for Relafen is not medically necessary.