

<b>Case Number:</b>	CM14-0085144		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/14/1999
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 46-year-old individual was reportedly injured on January 14, 1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 3, 2014, indicated that there were ongoing complaints of bilateral knees pain. The pain was described as 9/10. The physical examination demonstrated a 5'7", 484 pound well-developed, well-groomed individual in mild distress. A decrease in knee flexion was noted bilaterally. A slight decrease in motor function (4/5) was also reported. Diagnostic imaging studies were not presented. Previous treatment included medications, physical therapy, and conservative pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on May 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Hydrocodone (Vicodin, Lortab).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** When noting the date of injury, the injury sustained, the comorbidity of extremely morbid obesity, and by the finding on a physical examination, there is no data presented to suggest an increase in the pathology or need for the oral opioid analgesics. As outlined in the MTUS, the lowest possible dose to improve pain and function is to be provided, increased functional status, appropriate medication use and the like. Seeing none, there is insufficient medical data presented to establish the medical necessity of the ongoing use of this medication.

**Butrans 5mcg #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Buprenorphine for Chronic Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, updated August 2014.

**Decision rationale:** The literature suggests use of this medication for the treatment of opioid addicted individuals requiring chronic pain intervention. However, when noting the pain level described, the physical examination reported and the lack of any objective data to suggest there is any efficacy with the utilization of this preparation, the continued medical necessity is not established. The pain levels are not improved. The range of motion is not improved and there is no indication of any other clinical assessment. Therefore, based on the limited clinical data presented for review, this is not medically necessary.