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| Case Number: | CM14-0092450 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 05/09/2013 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 06/13/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

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 49-year-old individual was reportedly injured on May 9, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 18, 2014, indicated that there were ongoing complaints of bilateral ankle, bilateral knee, right shoulder, neck and low back pains. The physical examination was not reported. Diagnostic imaging studies objectified soft tissue swelling about the ankle. MRI noted extensive osteophytic changes in the lower lumbar spine. Previous treatment included a right knee arthroscopic meniscectomy, postoperative rehabilitation and multiple medications. A request had been made for medical food with opioid analgesics and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine Convenience Kit w/Norco QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical Food.

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 surgical interventions, the current findings on imaging studies and the complete lack of any clinical information demonstrating the efficacy or utility of the continued use of this narcotic medication, it is difficult to establish the medical necessity. As outlined in the MTUS, this is indicated for breakthrough pain. However, the lowest possible dose is to be prescribed that increases function and decreased pain. Seeing that this is not discussed, I cannot establish the medical necessity for this medication.