

Case Number:	CM13-0009268		
Date Assigned:	09/11/2013	Date of Injury:	12/05/2006
Decision Date:	01/31/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Shoulder and Elbow Surgery, and is licensed to practice in California and Utah. 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 physician 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 patient is a 53-year-old female who reported an injury on 12/05/2006. The patient is diagnosed with cervical spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, bilateral carpal tunnel syndrome, and right tibia contusion. The patient was seen by provider on 08/27/2013. The patient reported ongoing left shoulder and elbow pain. Physical examination was not provided. The treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 75mg QTY: 300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94, 113.

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

Decision rationale: The California MTUS Guidelines indicate that a therapeutic trial of opioid should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain

relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted for review, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report ongoing left shoulder and elbow pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

Prilosec 40mg, QTY: 150.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical note submitted, there is no documentation of cardiovascular disease or increased risk for gastrointestinal events. Therefore, the patient does not meet criteria for use of a proton pump inhibitor. As such, the request is non-certified.

Toprophan (dietary supplement), QTY: 150.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American college of occupational and environmental medicine (ACOEM), Occupational medicine practice guidelines, Evaluation and management of common health problems and functional recovery in workers.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Medical Food.

Decision rationale: The Official Disability Guidelines indicate that medical food is recommended under specific indications. Medical food is defined as a food which is formulated to be consumed or administered under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. As per the clinical notes submitted for review, there is no indication as to why this patient requires the use of a dietary supplement. There were only 2 progress notes submitted by physician on 07/16/2013 and 08/27/2013, neither of which detailed a physical examination. The medical necessity for the requested medication has not been established. As such, the request is non-certified.