MAXIMUS Federal Services

Case Number:	CM13-0015908		
Date Assigned:	10/11/2013	Date of Injury:	02/12/2010
Decision Date:	01/17/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/23/2013

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [redacted] employee, who has filed a claim for chronic low back pain and myofascial pain syndrome reportedly associated with an industrial injury of February 15, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; unspecified amounts of massage therapy over the life of the claim. Attorney representation; MRI imaging of thoracic and lumbar spines of 2008, apparently notable for multilevel low-grade degenerative changes and disk bulges of uncertain clinical significance; left knee arthroscopy; topical compound; the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with limitations in place. In a utilization review report of August 16, 2013, the claims administrator denied a request for various topical compounds. The applicant's attorney later appealed. An earlier note of August 2, 2013 is notable for comments that the applicant is having issues with stress, anxiety, and triggering about the third and fourth digits of the right hand. The applicant is given corticosteroid injections for the same in the clinic. She is given prescriptions for Voltaren, Prilosec, and tramadol. Permanent work restrictions are new. A psychological evaluation is endorsed. Earlier progress notes are notable for the comments that the applicant was issued topical compounds and various medical foods at various points of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM, #60: 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 Chapter, Medical Foods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chronic pain

Decision rationale: The Physician Reviewer's decision rationale: No, the proposed Sentra PM, #60 x1 month is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. As noted in the ODG chronic pain chapter, Sentra is a medical food. Medical foods, however, are not recommended by ODG except in cases where an applicant has a condition for which there is a specific nutritive requirement. In this case, however, the applicant's chronic pain does not have any specific nutritional or nutritive requirement. Therefore, the request for Sentra remains non-certified, on independent medical review.

Restoril 7.5mg x 30 x 2 refills: 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 Chapter, Medical Foods

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chronic

Decision rationale: The Physician Reviewer's decision rationale: The request for Restoril 7.5 mg, #30 with two refills is not medically necessary, medically appropriate, or indicated here. As noted on page 24 of MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Restoril are not recommended or endorsed for chronic or long-term use purposes. In this case, it is suggested that the applicant is using Restoril for anxiety purposes. However, as suggested by the MTUS Chronic Pain Medical Treatment Guidelines, a better choice would be an antidepressant. Therefore, the request is not certified.