

Case Number:	CM13-0017652		
Date Assigned:	10/11/2013	Date of Injury:	02/24/2007
Decision Date:	04/18/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/28/2013

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 and Pain Management 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 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 patient is a 52-year-old female who reported an injury on 02/24/2007. The patient was reportedly injured secondary to cumulative trauma. The most recent Physician's Progress Report was submitted by [REDACTED] on 08/27/2013. The patient reported 8/10 pain. Physical examination revealed a mildly antalgic gait, tenderness to palpation, positive FABER testing, decreased sensation, and decreased strength. The patient was diagnosed as status post L5-S1 disc replacement, bilateral lumbar radiculopathy, and bilateral sacroiliitis. Treatment recommendations included continuation of current medication including Percocet, Promolaxin, Robaxin, Prilosec, and Zofran. The patient was also issued prescriptions for Cephalexin, Omeprazole, and ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHYLPHENIDATE 10MG #90/ 30DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 27 March 2014.

Decision rationale: Methylphenidate is used as part of a treatment program to control symptoms of attention deficit hyperactivity disorder in adults and children. It is also used to treat narcolepsy. As per the documentation submitted, there is no indication of this patient's current utilization of this medication. Additionally, the patient does not maintain diagnoses of attention deficit hyperactivity disorder or narcolepsy. The medical necessity for the requested medication has not been established. As such, the request is non-certified.

OXYCODONE 101/325MG #120/30DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified