

Case Number:	CM13-0020442		
Date Assigned:	06/06/2014	Date of Injury:	07/25/1982
Decision Date:	07/14/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/04/2013

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 injured worker is a 61 year old male who had a work related injury on 07/25/82. Apparently the injured worker was working at a demolition derby event when he was hit by a car and apparently the car landed on top of him. The injured worker had significant back and neck symptoms following that injury. Over the years the injured worker saw a chiropractor had physical therapy and epidural steroid injections. MRI dated 11/30/10 compared to previous MRI dated, showed no interval changes. At L2-3 there was a left disc bulge with spondylosis contacting the left L2 nerve root without displacement. L3-4 showed bilateral neural foraminal narrowing. L4-5 showed mild multifactorial stenosis of the central canal and lateral recesses more pronounced on the right. Physical exam, noted decreased flexion with pain and stiffness. Strength was rated 5/5 in lower extremities. There was no clinical documentation submitted showing any serial urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE /APAP 10-325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-80.

Decision rationale: The request for Hydrocodone/APAP 10/325 mg is not supported as medically necessary. The records make no mention of decrease in pain or functional improvement to establish efficacy. There is no documentation of urine drug testing. As such the request would not meet California Medical Treatment Utilization Schedule recommendations for continued use.

CELEBREX 200MG: 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 NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Celebrex.

Decision rationale: The request for Celebrex 200 mg is not recommended as medically necessary. Celebrex is a first line medication, not warranted for chronic use. The clinical documentation does not support the continued long term use of this medication. As such, the medical necessity is not established.

FLECTOR 1.3%PATCH: 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 NSAID's Page(s): 67-73.

Decision rationale: The request for Flector 1.3% patch is not supported as medically necessary. Flector patch is used for osteoarthritis after failure of an oral non-steroidal anti-inflammatory medications (NSAID). It is indicated for acute strains, sprains and contusions. Not recommended for long-term use due to increased risk profile. There is no clinical documentation to support the continued use of Flector patch. As such, medical necessity is not established.

VOLTAREN GEL 1%: 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 Topical Analgesics Page(s): 112-113.

Decision rationale: The request for Voltaren Gel is not medically necessary. Voltaren Gel is indicated for the use of osteoarthritis in joints, has not been evaluated for treatment of the spine,

hips, or shoulders. The clinical documentation does not provide sufficient data to support use of Voltarem Gel. As such, the medical necessity for continued use has not been established.

ZOLPIDEM 10MG: 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 Official Disability Guidelines (ODG) Pain Chapter, Zolpidem.

Decision rationale: The request for Zolpidem 10 mg is not recommended as medically necessary. Current guidelines do not support the chronic use of Ambien. Ambien is for short term use (2-4 weeks) for insomnia. Upon normalization of sleep patterns this medication is to be discontinued. As such, the medical necessity for continued use of this medication has not been established.

AMRIX 15MG: Overturned

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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The request for Amrix 15 mg is recommended as medically necessary. The submitted records indicate the injured worker has chronic muscle tightness, and stiffness in lower back for which this medication is clinically indicated. As such, medical necessity is established.