

Case Number:	CM13-0021263		
Date Assigned:	10/11/2013	Date of Injury:	01/07/2010
Decision Date:	02/05/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/06/2013

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 Family Practice and is licensed to practice in Texas. 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 47-year-old male who reported an injury on 01/07/2010. The patient is currently diagnosed with status post trauma of exploding battery blinding the right eye, status post new right eye prosthesis, depression, chronic headache, and possible C5 weakness related to C-spine injury. The patient was seen by [REDACTED] on 08/20/2013. The patient reported 4/10 pain. Physical examination revealed drooping of the right eye lower lid, tenderness to palpation in the right greater occipital region, stiffness and restricted cervical range of motion, intact sensation. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indocin 25mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for the treatment of osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to

moderate pain. As per the clinical notes submitted, the patient does not demonstrate significant musculoskeletal deficits that would warrant the need for an NSAID. There is also no evidence of a failure to respond to first-line treatment with acetaminophen as recommended by California MTUS Guidelines. Furthermore, California MTUS Guidelines state there is no evidence to recommend one drug in this class over another based on efficacy. Long-term use is also not recommended. As such, the request is non-certified.

Buprenorphine 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: California MTUS Guidelines state buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The patient does not currently meet criteria for the use of buprenorphine. There is no evidence of opioid addiction. There is also no evidence of significant pain and functional limitation. The patient reports only 4/10 pain on an average daily basis. There are no significant musculoskeletal abnormalities on physical examination. Based on the clinical information received, the request is noncertified.