

Case Number:	CM13-0029301		
Date Assigned:	11/01/2013	Date of Injury:	03/27/2012
Decision Date:	02/10/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/25/2013

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 Physical Medicine & Rehabilitation, 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 46-year-old male who reported injury on 03/27/2012. The mechanism of injury was not provided. The patient was noted to have decreased range of motion with painful anterior flexion and posterior extension. The patient was noted to have decreased motor strength of 4+/5 in the bilateral lower extremities. The patient was noted to be treated with epidural steroid injections and medication. The patient's diagnoses were noted to include herniated nucleus pulposus of the cervical spine and lower lumbar spine with left leg radiculopathy, cervicalgia, cervical radiculopathy, and lumbar radiculopathy. The request was made for an Internal Medicine consultation and medication refills. ↑

IMR ISSUES, DECISIONS AND RATIONALES

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

One internal medicine consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The ACOEM guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. Clinical

documentation submitted for review failed to provide a rationale for the request. There was a lack of documentation for the date of 07/09/2013. Given the above, the request for 1 internal medicine consultation with [REDACTED] between 7/9/2013 and 9/30/2013 is not medically necessary.

Unknown prescription for Norco: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Opioid Use Guideline Group (NOUGG) [Canadian guideline], Section Criteria for Use of Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, ongoing management Page(s): 75, 78.

Decision rationale: The MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review failed to provide documentation of the 4 A's. It failed to provide documentation of exceptional factors to warrant nonadherence to Guideline recommendations. The clinical documentation submitted for review failed to provide the quantity of Norco and strength being requested. Given the above, the request for unknown prescription for Norco (through [REDACTED]) between 7/9/2013 and 9/30/2013 is not medically necessary.

Unknown prescription for transdermal analgesic ointments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The clinical documentation submitted for review failed to indicate the type of transdermal analgesic ointments being requested. Additionally, there was a lack of documentation of the quantity. Given the above, the request for unknown prescription for transdermal analgesic

ointments (through [REDACTED]) between 7/9/2013 and 9/30/2013 is not medically necessary.

Sixteen (16) physical therapy sessions: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS guidelines indicate that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 8-10 visits and may be warranted for treatment of neuralgia, neuritis, and radiculitis. Clinical documentation submitted for review indicated the employee had pain and an increased range of motion as of 08/06/2013. The request was made for the employee to start physical therapy 1 to 2 times a week for 8 weeks. However, there was a lack of documentation of functional benefit from the prior therapy and how many sessions of physical therapy the employee had received. There was a lack of documentation of the employee's functional deficits to support the need for physical therapy. The employee should be well versed in a home exercise program. Given the above, the request for 16 physical therapy sessions (through [REDACTED]) between 7/9/2013 and 9/30/2013 is not medically necessary.

Unknown prescription for Glucosamine sulfate: 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 Glucosamine Sulfate Page(s): 50.

Decision rationale: The MTUS guidelines recommend glucosamine sulfate for patients with moderate arthritis pain. Clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide documentation of the indication for usage. Given the above, the request for unknown prescription for glucosamine sulfate (through [REDACTED]) between 7/9/2013 and 9/30/2013 is not medically necessary.

Unknown prescription for Neurontin 100 mg: 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 Neurontin
Page(s): 16.

Decision rationale: The MTUS guidelines recommend Neurontin for neuropathic pain. Clinical documentation submitted for review failed to provide the necessity for the requested medication and it failed to indicate the employee had neuropathic pain. Additionally, there was a lack of documented efficacy. There was a lack of documentation indicating the quantity of pills being requested. Given the above and the lack of documentation, the request for unknown prescription for Neurontin 100 mg (through [REDACTED]) between 7/9/2013 and 9/30/2013 is not medically necessary.