MAXIMUS Federal Services

Case Number:	CM13-0030581		
Date Assigned:	11/27/2013	Date of Injury:	10/29/2003
Decision Date:	01/21/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/30/2013

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 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 patient is a 60-year-old male who reported an injury on 10/29/2013. The mechanism of injury was not provided. It was noted the patient failed to see an internist because of a lack of transportation. The patient was noted to complain of an injury to the eye and complain of left inguinal hernia that still hurts. Diagnoses were noted to include status post low back surgery with L5-S1 fusion with instrumentation and residual sciatica, GI complaints, and hypertension. The request was made for Hydropap 15/300mg, Valium 10mg, transcutaneous electrical nerve stimulation (TENS) unit cables, purchase, Internal Medicine Consultation, and gastroenterology (GI) Consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydropap 15/300mg .: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-91.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain and there

should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review fails to provide documentation of the above required 4 A's per California MTUS guidelines. Given that above, the request for Hydropap 15/300mg is not medically necessary.

Valium 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review failed to provide the efficacy of the requested medication and in addition failed to provide the number of tablets being requested. Given the above, the request for Valium 10mg is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit cables, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-116.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS guidelines do not recommend a TENS unit as a primary treatment modalities; however, indicate it may be used it if is used as an adjunct for a 1 month trial. The clinical documentation submitted for review failed to provide the necessity for the TENS unit cables. Given the above, the request for transcutaneous electrical nerve stimulation (TENS) unit cables, purchase is not medically necessary.

Internal Medicine Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Office visit, online version.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS/ACOEM Guidelines do not address internal medicine consults. The Official Disability Guidelines recommend office visits with a health provider based on a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review failed to provide the rationale for the requested service. Given the above, the request for Internal Medicine Consultation is not medically necessary

Gastroenterology (GI) Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Office visit, online version.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS/ACOEM Guidelines do not address gastroenterology (GI) consults. The Official Disability Guidelines recommend office visits with a health provider based on a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review failed to provide the rationale for the requested service. Given the above, the request for gastroenterology (GI) Consultation is not medically necessary.