MAXIMUS Federal Services

Case Number:	CM13-0032993		
Date Assigned:	03/17/2014	Date of Injury:	10/06/2012
Decision Date:	07/02/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/08/2013

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 Occupational Medicine 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 applicant is a represented [redacted], employee who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of October 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report dated September 19, 2013, the claims administrator denied a request for Motrin outright, denied a request for Prilosec outright, partially certified a request for Ultram, seemingly for weaning purposes, and partially certified a request for physical therapy as a six-session course of the same. The claims administrator cited a variety of non-MTUS ODG Guidelines in its denials and partial certifications, despite the fact that the MTUS addressed all of the issues at hand. Overall rationale was quite sparse and comprised almost entirely of provided guidelines. The applicant's attorney subsequently appealed; however, no clinical progress notes or applicant-specific information was attached to the application for independent medical review. The many progress notes interspersed throughout 2012 and 2013 made available to utilization review were not incorporated into the independent medical review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN 800MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medication Topic, page 22, 7 Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of anti-inflammatory medications such as ibuprofen or Motrin as a first-line treatment for various chronic pain conditions, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further states that an attending provider should incorporate some discussion of efficacy into his choice of recommendations. In this case, however, the attending provider did not, in fact, incorporate any discussion of efficacy into the application for independent medical review. No applicant-specific information or clinical progress notes were attached to the request of authorization. The applicant's response to previous usage of Motrin was not detailed. The applicant's work and functional status were likewise unknown. Therefore, the request is not medically necessary.

PRILOSEC 20MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDS, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 69, NSAIDs, GI Symptoms, and Cardiovascular Risks Topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as Prilosec in the treatment NSAID-induced dyspepsia, in this case, however, there was no mention of dyspepsia, either NSAID-induced or stand-alone, in the utilization review report or in the applicant attorney's application for independent medical review. No clinical progress notes or applicant-specific information were provided to augment the application for independent medical review. Therefore, the request is not medically necessary.

ULTRAM (TRAMADOL) 50MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opiates Topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant's work status, functional status, and/or response to previous usage of Ultram (if any) are all unknown. These were not raised on the applicant attorney's application for independent medical review. No applicant-specific information or clinical

progress notes were attached to the application for IMR. Therefore, the request is not medically necessary.

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 99, Physical Medicine Topic Page(s): 99.

Decision rationale: The 12-session course which is being proposed here, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. In this case, no applicant-specific information or clinical progress notes were attached to the application for independent medical review so as to support treatment in excess of MTUS parameters. Therefore, the request is not medically necessary.