

Case Number:	CM13-0036770		
Date Assigned:	12/13/2013	Date of Injury:	12/21/1987
Decision Date:	08/01/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation, Pain Medicine 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 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 55-year-old female injured on December 21, 1987 as a result of slip and fall. Current diagnoses included reflex sympathetic dystrophy involving left upper extremity requiring pain pump implementation in 1995. The injured worker also required recent evaluation and hospital admission in July 2013 for intermittent leg weakness and increased falls. Physical examination revealed sensation intact symmetrically in the V1 through V3 distributions bilaterally, strength 5/5 to bilateral upper extremities and lower extremities, sensation intact to pin prick bilaterally upper extremities and lower extremities, coordination/gait slightly slower on the left, and left arm not assessed due to chronic pain. Current medications included levofloxacin for urinary tract infection, Tizanidine, potassium chloride, acetaminophen, enoxaparin, oxycodone/acetaminophen 5-325mg, diazepam 5mg, amlodipine, and Ondansetron. The initial request for Lovenox, Zofran, valium, Flexeril, Norvasc, Percocet, and potassium chloride was non-certified on October 14, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lovenox: 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) Knee & Leg (Acute & Chronic), Venous thrombosis.

Decision rationale: According to the Official Disability Guidelines, Lovenox is utilized in the treatment of venous thrombosis; however, the request lacked the dosage, frequency, amount, and number of refills. As such, the request is not medically necessary.

Zofran: 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 (Chronic), Antiemetics (for opioid nausea).

Decision rationale: According to the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute gastroenteritis. In addition, the request lacked the dosage, frequency, amount, and number of refills. As such, the request is not medically necessary.

Valium: 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 Benzodiazepines Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. In addition, the request lacked the dosage, frequency, amount, and number of refills. As such, the request is not medically necessary.

Flexeril: 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 Cyclobenzaprine Page(s): 41.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. However, the request lacked the dosage, frequency, amount, and number of refills. As such, the request is not medically necessary.

Norvasc: 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) Diabetes (Type 1, 2, and Gestational), Hypertension treatment.

Decision rationale: According to the Official Disability Guidelines, amlodipine is considered a second line treatment option for the treatment of hypertension. However, the request lacked the dosage, frequency, amount, and number of refills. As such, the request is not medically necessary.

Percocet: 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 Criteria for Use of Opioids Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. However, the request lacked the dosage, frequency, amount, and number of refills. As such, the request is not medically necessary.

Potassium Chloride: 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 website RxList.com.

Decision rationale: Current literature indicates potassium chloride is utilized for the treatment of hypokalemia with or without metabolic alkalosis, in digitalis intoxications, and in patients with hypokalemic familial periodic paralysis. However, the request lacked the dosage, frequency, amount, and number of refills. As such, the request is not medically necessary.

