MAXIMUS Federal Services

Case Number:	CM13-0039993		
Date Assigned:	12/20/2013	Date of Injury:	06/20/2009
Decision Date:	02/24/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/28/2013

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 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 40-year-old male who reported an injury on 06/20/2009. The mechanism of injury was stated to be the patient was parked and was rear-ended by a person going 65 miles per hour. The patient was noted to have a pain level of 6/10, and was noted to improve with medication and get worse with repetitive activities. The request was made for medication refills. The patient's diagnoses were noted to include cervical strain, left shoulder strain, and lumbar strain. Additionally, the patient was diagnosed with progressing neuromuscular skeletal injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

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

Decision rationale: California MTUS guidelines recommend short acting opioids such as Vicodin 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 to support ongoing treatment and failed to include exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Vicodin #60 is not medically necessary.

Lidoderm 5% Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Clinical documentation submitted for review failed to indicate the patient had a trial of a first-line therapy, and additionally, failed to provide the efficacy of the requested medication. Given the above, the request for Lidoderm 5% #30 is not medically necessary.

Omeprazole 20mg, Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS recommends proton pump inhibitors (PPI's) for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review failed to include that the patient had signs and/or symptoms of dyspepsia. Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for omeprazole 20 mg #60 is not medically necessary.

L-Methylfolate 15mg, Qty 30: 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 http://www.webmd.com/drugs/drug-162998-L-Methylfolate+Oral.aspx?drugid=162998&drugname=L-Methylfolate+Oral

Decision rationale: Per Web MD, L-methylfolate is a supplement that is used to treat or prevent low folate levels. Clinical documentation submitted for review indicated that L-methylfolate was used to reduce some of the patient's nerve pain. However, there was a lack of

documentation including the efficacy of the requested medication. Given the above, the request for L-methylfolate 15 mg. #30 is not medically necessary.