

Case Number:	CM13-0047754		
Date Assigned:	12/27/2013	Date of Injury:	07/02/1997
Decision Date:	02/27/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant sustained an injury on 07/02/1997. The mechanism of the injury were not provided. She has diagnoses of cervicalgia, cervical disc disease, brachial neuritis, shoulder pain, reflex sympathetic dystrophy, and headache. On exam, she complained of pain and numbness in both upper extremities, the right more than the left. The patient has decreased sensation right C5-C7 and left C5-C8. She is maintained on medication therapy and has undergone stellate ganglion blocks. The treating provider has requested Doligic Plus, Xodol, and a colonoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doligic 50/750/40mg: 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 Page(s): 23.

Decision rationale: Doligic Plus is a barbiturate containing analgesic. Per the Chronic Pain Medical Treatment Guidelines, this class of medications is not recommended for the long-term treatment of chronic pain. The potential for drug dependence is high and no evidence exists to

show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The Medical necessity for the requested item has not been established. Therefore, the request for Doligic Plus 50/750/40mg is not medically necessary and appropriate.

Xodol 10/300mg: 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 Page(s): 80-81 and 92.

Decision rationale: There is no documentation provided necessitating the use of Hydrocodone/APAP 10/300mg for the employee's chronic pain condition. The coverage criteria indicate that in chronic pain analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. Opioid therapy for pain control should not exceed a period of two weeks and should be reserved for moderate to severe pain. The documentation provided for review does not provide a specific clinical rationale for Xodol. Therefore, the request for Xodol 10/300mg is not medically necessary and appropriate.

Colonoscopy: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127, Independent Medical Examinations and Consultations

Decision rationale: There is no documentation provided necessitating a colonoscopy. Based upon review the medical records, the employee has described GI issues and underwent an upper endoscopy that was normal. There is no history of weight loss, abdominal pain, diarrhea, constipation, melena, or hematochezia. There is no specific indication for a colonoscopy. Medical necessity for the requested service has not been established. Therefore, the requested colonoscopy is not medically necessary and appropriate.