

Case Number:	CM13-0050472		
Date Assigned:	12/27/2013	Date of Injury:	05/08/2009
Decision Date:	03/25/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/13/2013

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 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 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 51-year-old female with date of injury 05/08/2009. The issues in dispute are the retrospective request for hydrocodone 5/500, omeprazole DR 20 mg, and cyclobenzaprine 7.5 mg, all of which were conditionally non-certified. The disputed issues were reviewed by the utilization review physician on 10/29/2013, and a request was made for additional information. The physician asked the provider to forward the patient's subjective and objective status at the time the medication was dispensed, and the provider's clinical rationale supporting the medical necessity of the medication. The provider failed to forward any of the above requested documentation. None of the above requested documentation is available for this review. There is a urine drug screen performed on 09/25/2013 which is completely inconsistent with the prescribed medications. Neither of the prescribed medications, cyclobenzaprine or hydrocodone, were detected in the urine sample

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective hydrocodone/APAP 5/500 mg #50: 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): 74-94.

Decision rationale: In addition to the inconsistent urine drug screen which shows no evidence that the employee is taking hydrocodone, the information requested by the previous utilization review physician which would be required to make an informed decision regarding a retrospective certification of hydrocodone/APAP 5/500mg, #60, was never provided.

Retrospective omeprazole DR 20 mg #60: 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): 74-94.

Decision rationale: There is no documentation that the employee has any of the risk factors needed to recommend a proton pump inhibitor. Omeprazole DR 20mg #60 is not medically necessary.

Retrospective cyclobenzaprine HCL 7.5 mg #60: 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): 64.

Decision rationale: Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. There is no documentation that the employee requires cyclobenzaprine at this time. Cyclobenzaprine HCL 7.5mg #60 is not medically necessary.