MAXIMUS Federal Services

Case Number:	CM13-0050475		
Date Assigned:	12/27/2013	Date of Injury:	03/07/2009
Decision Date:	03/19/2014	UR Denial Date:	11/11/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported an industrial injury on 3/7/09. The mechanism of injury involved a fall. The patient is currently diagnosed with cervicalgia, right arm C6 radiculopathy, bilateral shoulder pain, bilateral chondromalacia patella, right 3rd trigger finger, lumbago, and spondylolisthesis. The patient was seen by [redacted] on 9/13/13. She reported right hand pain, bilateral knee pain, and low back pain with sciatica. Physical examination revealed tenderness to palpation of the cervical spine, spasm with guarding, decreased strength on the right, trigger finger at the 3rd digit on the right, patellofemoral crepitation bilaterally, and tenderness to palpation of the lumbar spine with spasm and guarding, as well as positive straight leg raising bilaterally. Treatment recommendations included prescriptions for Aspercreme, meloxicam, Vicodin, Theramine, Zofran, and Alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 60 Norco 10/325mg with two refills: 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): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure to respond to non-opioid analgesics prior to the initiation of an opioid medication. The medical necessity for Norco has not been established. As such, the request for Norco is noncertified.

The request for 60 Naproxen 250mg with two refills: 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): 667-72.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended for moderate to severe osteoarthritis pain at the lowest dose for the shortest period. There is no documentation of a failure to respond to a treatment with acetaminophen, as recommended by California MTUS Guidelines. The patient does not maintain a diagnosis of osteoarthritis. The medical necessity has not been established. Furthermore, there is no evidence of long-term effectiveness for pain or function. Based on the clinical information received and the California MTUS Guidelines, the request for Naproxen is noncertified.

The request for 90 Theramine with four refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines state that medical food is a food which is formulated to be consumed or administered under the supervision of a physician, and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principals, are established by medical evaluation. The patient has continuously utilized this medical food. Documentation of objective measurable improvement has not been provided. The medical necessity for the ongoing use of this medication has not been established. Therefore, the request for Theramine is noncertified.