MAXIMUS Federal Services

Case Number:	CM13-0053491		
Date Assigned:	12/30/2013	Date of Injury:	07/05/1985
Decision Date:	05/02/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/05/2013

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 and is licensed to practice in Florida. 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 reported an injury on 07/05/1985. The mechanism of injury was a motor vehicle accident. The injured worker's course of treatment to date is unclear; however, it is noted that she received physical therapy, medications, psychotherapy and neurological treatment. The injured worker's accident left her with residual neurological dysfunction, unspecified injuries to her lower extremities, and emotional fragility. According to the records reviewed, the injured worker is currently maintained on a medication regimen. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL MARIJUANA: 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 Cannabinoids Page(s): 28.

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend cannabinoids in the treatment of pain, as there are not enough clinical studies providing significant evidence of efficacy. Furthermore, there is an accompanying decline in cognitive abilities that adds to the

danger of marijuana use. In addition, the clinical information submitted for review did not provide any evidence that the injured worker was receiving a direct benefit from previous marijuana use, and therefore, continuation is not appropriate at this time. There was also no quantity specified in the request. As such, the request for medical marijuana is non-certified.

RETRO: A URINE DRUG SCREEN PROVIDED ON 10/11/13: 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): 76-77.

Decision rationale: The California MTUS/ACOEM Guidelines recommend urine drug screening prior to initiating opioid therapy, in instances where the injured worker is not receiving adequate pain control, and at any time the injured worker exhibits behaviors of abuse, addiction or other aberrant behaviors. The clinical information submitted for review did not discuss the injured worker's response to the medication regimen, did not discuss any presence of aberrant behaviors, and there was no indication that she was initiating a new opioid medication. In addition, it is unclear when the injured worker's last urine drug screen was performed; therefore, the medical necessity of this test cannot be determined. As such, the request for a retro urine drug screen provided on 10/11/2013 is non-certified.

FLEXERIL 10MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: The California MTUS/ACOEM Guidelines recommend non-sedating muscle relaxants as a second-line treatment for exacerbations of chronic low back pain. Flexeril, in particular, is only recommended for use of 3 weeks or less, as it can be addictive. The clinical information submitted for review provided evidence that the injured worker was experiencing back spasms in 05/2013; however, the followup note dated 10/11/2013 did not provide any evidence that the muscle spasms were still present or that the previous use of Flexeril was beneficial. Additionally, as it is known that the injured worker received Flexeril in 05/2013, continuation of use would exceed the guideline recommendations of 3 weeks. As such, the request for Flexeril 10 mg #60 is non-certified.

LIDODERM PATCHES #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of topical analgesics to treat primarily osteoarthritic or neuropathic pain. Lidoderm, in particular, is used in the presence of neuropathy and is not recommended for non-neuropathic pain. The clinical note dated 05/05/2013 indicated that the injured worker had subjective, neurologic complaints; however, there was no evidence on physical examination of any sensory or motor deficits. In addition, the clinical note dated 10/11/2013 did not provide a thorough physical examination exhibiting any evidence of neurologic dysfunction. As such, the topical treatment for neuropathy is not indicated, and the request for Lidoderm patches #30 is non-certified.

TAGAMET 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend using an H2-receptor antagonist, such as Tagamet, if an injured worker experiences dyspepsia secondary to NSAID therapy. Although the clinical note dated 05/04/2013 indicated that the injured worker had subjective complaints of reflux, the followup note dated 10/11/2013 did not discuss any associated complaints. Without current evidence of dyspepsia, continuation on this medication is not indicated. As such, the request for Tagamet 150 mg #60 is non-certified.