MAXIMUS Federal Services

Case Number:	CM13-0058302		
Date Assigned:	12/30/2013	Date of Injury:	01/07/2012
Decision Date:	05/16/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/26/2013

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 Anesthesiology has a subspecialty in Pain Medicine 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 is a 47-year-old male who reported an injury on 01/07/2012. The injured worker was reportedly struck by a horse and a metal pipe. His current diagnoses include tension headaches, cephalgia, and chronic posttraumatic headaches. The injured worker was evaluated on 09/24/2013. The injured worker reported persistent headaches. The injured worker reported improvement in symptoms with the current medication regimen. Physical examination on that date revealed negative tenderness to palpation intact sensation, and 5/5 motor strength. Treatment recommendations included continuation of current medication and a neurology consultation for ongoing posttraumatic headaches. It is noted that the injured worker underwent a cervical spine MRI on 08/01/2012, which indicated central disc protrusion at C5-6 without neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF MEDROX PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. As per the documentation submitted, the injured worker's current medication listed includes Topamax, omeprazole, and hydrocodone. There is no documentation of this injured worker's active utilization of this medication. There is no frequency or strength listed in the current request. Therefore, the request for Medrox Patches is not medically necessary.

90 HYDROCODONE/APAP 5/325MG:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen(NorcoÂ®).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. Therefore, the request for 90 Hydrocodone/APAP 5/325mg is not medically necessary.

60 DOCUSATE/SENNOSIDES 50/8.6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Opioid Official Disability Guidelines (ODG), Chronic Pain Chapter, Opioid

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state opioid induced constipation treatment is recommended. First-line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, the injured worker's current medication list includes Topamax 50 mg, omeprazole 20 mg, and hydrocodone. There is no evidence of this injured worker's active utilization of this medication. There is no documentation of chronic constipation or gastrointestinal complaints. There is also no frequency listed in the current request. Therefore, the request for 60 Docusate/sennosides 50/8.6

60 OMEPRAZOLE 20MG CAP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high-risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no mention of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. Therefore, the request for 60 Omeprazole is not medically necessary.

1 SECOND INTERLAMINAR EPIDURAL STEROID INJECTION AT C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. There was no evidence of radiculopathy upon physical examination. There was also no evidence of nerve root impingement upon imaging study. There is no documentation of an unresponsiveness to recent conservative treatment. There is also no mention of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks following the initial injection that would warrant the need for a repeat injection. Based on the aforementioned points, the current request for 1 Second Interlaminar Epidural Steroid Injection At C5-C6 is not medically necessary.

1 ON-GOING CARE WITH SPECIALIST FOR HEADACHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain(Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker reported improvement in headaches with the current medication regimen. The injured worker's physical examination revealed normal findings. The medical necessity for the requested referral has not been established. Therefore, the request 1 On-Going Care with Specialist for Headaches is not medically necessary.

1 FOLLOW UP IN 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physician follow-up generally occurs when a release to modified, increased or full duty is needed or after appreciable healing or recovery can be expected. The injured worker reported improvement in symptoms with the current medication regimen. The injured worker's physical examination revealed normal findings. There is no evidence of a significant musculoskeletal or neurological deficit. Therefore, the medical necessity for ongoing follow-up visits has not been established. As such, the request for 1 Follow up In 6 Weeks is not medically necessary.

1 ON-GOING CARE WITH SPECIALIST FOR GENERAL ORTHO COMPLAINTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There is no documentation of orthopedic complaints. The injured worker's physical examination revealed normal findings. There is no evidence of a significant musculoskeletal or neurological deficit. The medical necessity for the requested referral has not been established. Therefore, the request for 1 on-going care with specialist for general ortho complaints is not medically necessary.