MAXIMUS Federal Services

Case Number:	CM13-0062492		
Date Assigned:	12/30/2013	Date of Injury:	06/10/2009
Decision Date:	04/04/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/06/2013

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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 46-year-old female who reported injury on 06/10/2009. The mechanism of injury was noted to be the patient noticed a piece of paper wedged behind a plant and reached over with a broom and bent over to pick up the paper. The patient then reached for a trash container and tried to dump the container into a large trash can which fell and hit the patient's right knee and right foot. The documentation of 06/25/2013 revealed the patient was taking Tylenol No. 4, Lyrica 75 mg, Prilosec, and Xanax. The documentation submitted for review with the request was dated 10/01/2013, which revealed the patient had pain ranging from 3/10 to 8/10. The patient was noted to be in the office for a medication refill. The physician indicated the medications Tylenol No. 4, Prilosec 20 mg, Lyrica 75 mg, Xanax 1 mg, and topical creams of Ketoprofen, Gabapentin, and tramadol were renewed. The patient's diagnoses were noted to include complex regional pain syndrome in the right lower extremity, right knee medial meniscal tear, right foot and ankle regional pain syndrome, lumbar pain secondary to abnormal gait and pain stimulator surgery, and lumbar pain stimulator in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM 1 MG #60 DOS 10/1/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Section Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time, since 06/25/2013. Given the above, the request for Alprazolam 1mg #60 DOS 10/1/13 is not medically necessary.

APAP/CODEINE 300/60MG #90 DOS 10/1/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section and the On-going Management Section Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines indicate that opioids are appropriate for the treatment of chronic pain and there should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation of 06/25/2013 revealed the patient was on the medication at that point in time. The current documentation dated 10/01/2013 failed to meet the above recommendations. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for APAP/Codeine 300/60mg #90 DOS 10/1/13 is not medically necessary.

OMEPRAZOLE 20MG #90 DOS 10/01/2013: Upheld

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

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

Decision rationale: The California MTUS recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the patient had been on the medication since 06/25/2013. There was a lack of documentation of the efficacy of the requested medication. Given the above, the request for Omeprazole 20mg #90 DOS 10/1/13 is not medically necessary.