

Case Number:	CM13-0066949		
Date Assigned:	01/03/2014	Date of Injury:	10/02/2002
Decision Date:	05/19/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/17/2013

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, 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 42-year-old female who reported an injury on 08/13/2001. The mechanism of injury was not provided. Current diagnoses include thoracic pain and neck pain with radiation to bilateral upper extremities. The injured worker was evaluated on 11/05/2013. The injured worker reported a flare up of neck and upper extremity pain. Current medications include Percocet 10/325 mg and Dexilant. Physical examination revealed increased tenderness to the cervical paraspinal muscles. Treatment recommendations included continuation of current medication as well as transportation assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEXILANT #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: 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 evidence of cardiovascular disease or increased risk factors to gastrointestinal events. There is also no dosage or frequency listed in the current request. Therefore, the request is non-certified.

TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.medicare.gov/longtermcare/static/communityservices.asp

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation To And From Appointments.

Decision rationale: Official Disability Guidelines state transportation to and from appointments is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self transport. As per the documentation submitted, there is no indication that the injured worker is unable to provide self transport. Physical examination only revealed tenderness to palpation. The injured worker had also been able to return to work. The medical necessity for the requested service has not been established. As such, the request is non-certified.

PERCOCET 10/325MG #150: Upheld

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

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

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized Percocet 10/325 mg since 06/2013. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. Additionally, there is no frequency listed in the current request. Therefore, the request is non-certified.