

Case Number:	CM13-0069792		
Date Assigned:	01/03/2014	Date of Injury:	10/18/2008
Decision Date:	06/04/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/23/2013

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 Illinois. 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 54-year-old female who reported an injury on 10/18/08. The mechanism of injury was not provided for review. Current diagnoses include cervical sprain, cervical discogenic disease, thoracic sprain, lumbar sprain, and lumbar spine discogenic disease. The injured worker was evaluated on 10/23/13. The injured worker reported persistent pain in the cervical spine with radiation to the bilateral upper extremities, as well as lower back pain with radiation to the right lower extremity. Physical examination revealed 2+ tenderness to palpation over the cervical paraspinal muscles, 2+ palpable spasm, decreased cervical range of motion, positive cervical compression testing, tenderness to palpation with spasm in the thoracic spine, 3+ tenderness to palpation over the paraspinal muscles in the lumbar spine, 2+ palpable spasm, and positive straight leg raise bilaterally. Treatment recommendations included prescriptions for Flexeril 7.5mg, Tramadol 50mg, and topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: METHOCARBAMOL 500MG #60 X 3 DOS 7/23/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS guidelines state that muscle relaxants are recommended as non-sedating second-line options for the short-term treatment of acute exacerbations of symptoms. There was no Physician's Progress Report submitted on 7/23/12, the date of the request. Therefore, the patient's symptoms, complaints, and objective findings at that point cannot be determined. There is also no frequency listed in the request as written. As such, the request is not medically necessary.

RETROSPECTIVE: OMEPRAZOLE 20MG #60 X 2 (DOS 7/23/12): Upheld

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

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

Decision rationale: The California MTUS guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. There was no Physician's Progress Report submitted on the requesting date of 7/23/2012. Therefore, the patient's symptoms, complaints, and objective findings at that point cannot be determined. There is also no frequency listed in the current request. As such, the request is not medically necessary.

RETROSPECTIVE HYDROCODONE/APAP 5/500 MG # 60 X 2 (10/10/12): Upheld

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

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. There was no Physician's Progress Report submitted on the requesting date of 10/10/12. Therefore, it cannot be determined whether or not the patient has tried non-opioid analgesics. There is also no frequency listed in the current request. As such, the request is not medically necessary.

RETROSPECTIVE: GABAPENTIN/CYCLOBENZAPRINE 120 ML (COMPOUND) (DOS 10/10/12): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines also state that a compounded medication may not be recommended if any drug within the compound is not recommended on its own. Gabapentin is not recommended as there is no peer-reviewed literature to support its use. According to the MTUS guidelines, then, the entire compounded medication cannot be recommended, and the request is not medically necessary.

RETROSPECTIVE: METHOCARBAMOL 500MG #60 X 3 12/10/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS guidelines state that muscle relaxants are recommended as non-sedating second-line options for the short-term treatment of acute exacerbations of symptoms. There was no Physician's Progress Report submitted on 12/10/12, the date of the request. Therefore, the patient's symptoms, complaints, and objective findings at that point cannot be determined. There is also no frequency listed in the request as written. As such, the request is not medically necessary.

RETROSPECTIVE: OMEPRAZOLE 20MG #60 X 2 (DOS 10/10/12): Upheld

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

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

Decision rationale: The California MTUS guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. There was no Physician's Progress Report submitted on the requesting date 10/10/12. Therefore, the patient's symptoms, complaints, and objective findings at that point cannot be determined. There is also no frequency listed in the current request. As such, the request is not medically necessary.