

Case Number:	CM14-0000253		
Date Assigned:	01/08/2014	Date of Injury:	09/13/2000
Decision Date:	08/26/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/30/2013

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 Texas. 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 71 year old male who suffered a work related injury on 09/13/00. No clinical documentation of mechanism of injury. Most recent clinical documentation submitted for review was dated 02/10/14 the injured worker continued to complain of low back pain radiating to bilateral legs, left greater than right. Physical examination showed decreased range of motion of the lumbar spine, and tenderness to palpation. The injured worker had conservative treatment including medications, physical therapy, aquatic therapy, epidural steroid injections, chiropractic treatment, and acupuncture. The injured worker was taking Tylenol for pain. Diagnosis chronic myoligamentous strain of the lumbar spine. MRI revealed evidence of multilevel degenerative disc desiccation annular tear at L3-4 and L5-S1. 2.6 millimeter disc protrusion at L2 point L2-3 and 2.3 millimeter disc protrusion at L3-4 3.5 millimeter disc protrusion L4-5 and 3.3 millimeter disc protrusion at L5-S1. Prior utilization review on 12/03/13 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE DEXTROMETHORPHAN 10% FOR COUGH, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/LowBack>; Table 2, Summary of Recommendations, Low

Back Disorders; and Non-MTUS Official Disability Guidelines (ODG), Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Dextrometorphan (2013). In Physicians' desk reference 67th ed.

Decision rationale: The request for Detromethorphan 10% as an outpatient for cough is not medically necessary. The clinical documentation submitted for review does not support the request. Dextromethorphan is a medication used for the treatment of cough. Cough has no relationship to the work related injury. Therefore medical necessity has not been established.