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| Case Number: | CM14-0007432 | | |
| Date Assigned: | 02/07/2014 | Date of Injury: | 01/06/2001 |
| Decision Date: | 06/23/2014 | UR Denial Date: | 01/07/2014 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 47 year old male who sustained injuries to his neck and low back as a result of motor vehicle accident on 01/06/01. MRI of the cervical spine dated 01/03/14 reported multilevel cervical spondylosis. At C5-6 there was severe central canal, moderate right and mild to moderate left neural foraminal narrowing. At C6/7 there is moderate central canal, mild right and moderate left/severe left neural foraminal narrowing. MRI of the lumbar spine dated 01/08/14 noted multilevel degenerative changes. Diagnosis of epicondylitis of the left elbow was included. The injured worker had chronic neck pain and low back pain for which he was primarily treated with oral medications including naproxen sodium 550mg, cyclobenzaprine 7.5mg omeprazole 20mg and tramadol ER 150mg and Terocin patch. Utilization review determination dated 01/07/14 non-certified the above noted medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 TEROGIN PATCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The request for 10 Terocin Patches is not supported as medically necessary. Submitted clinical records do not provide any clinical data establishing the efficacy of Terocin patches. The records do not detail response of the injured worker to medications. As such medical necessity for continued use is not established.

120 NAPROXEN SODIUM 550MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The request for 120 Naproxen Sodium 550 mg is not supported as medically necessary. The submitted clinical records contain no clinical data regarding medication use. There is no indication of a pain management contract or that the injured worker has undergone urine drug screening for compliance or hepatorenal function tests. As such medical necessity for continued use of this medication is not established.

120 OMEPRAZOLE DR 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitor

Decision rationale: The request for 120 Omeprazole 20 mg is not supported as medically necessary. While it is noted the injured worker has chronic pain and has been on oral medications for prolonged period of time there is no clinical data contained in the record which would establish that the injured worker has medication induced gastritis for which this medication would be indicated. As such medical necessity for the continued use of omeprazole is not established

120 CYCLOBENZAPRINE HYDROCHLORIDE ER 7.5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The request 120 Cyclobenzaprine 7.5 mg is not supported as medically necessary. Submitted clinical records indicate that the injured worker has a chronic pain syndrome secondary to work related injuries. Submitted clinical records provide limited physical examinations which do not identify myospasm for which this medication would be indicated. It would further be noted that the California Medical Treatment Utilization Schedule (CA MTUS) guidelines do not support the long term use of muscle relaxants in the treatment of chronic pain. As such the medical necessity of this request is not established.

90 TRAMADOL HYDROCHLORDE ER 150MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-80.

Decision rationale: The request for 90 Tramadol ER 150 mg is not supported as medically necessary. As previously noted the injured worker has chronic pain syndrome. Records do not indicate that there is a pain contract in place. There is no indication of routine urine drug screen for compliance. The records do not provide any substantive data which would establish that the injured worker has functional improvements as a result of the use of this medication as such the request would not be supported by the California Treatment Utilization Schedule (CA MTUS) guidelines.