MAXIMUS Federal Services

Case Number:	CM14-0008101		
Date Assigned:	02/12/2014	Date of Injury:	06/11/2007
Decision Date:	07/23/2014	UR Denial Date:	12/24/2013
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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and New York 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 59 year old male who sustained injuries to his cervical spine on 06/11/07. There was a reference to a mechanism of injury in which it was reported that a student opened a door jerking the shoulder of the injured worker. The claimant exhausted conservative treatment and subsequently underwent anterior cervical discectomy and fusion (ACDF) from C5 to C7 on 10/04/13. The most recent clinical note was dated 12/18/13 in which requests were made for cyclobenzaprine 7.5mg #120, omeprazole 20mg #120 tramadol ER 150mg #90 and Terocin patch #10. This clinical note did not provide a detailed physical examination. Utilization review determination dated 12/27/13 did not grant the requests for cyclobenzaprine HCl 7.5mg #120, omeprazole delayed release 120mg #120, tramadol ER 150mg #90, and Terocin patch #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL 7.5 #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Cyclobenzaprine HCl 7.5mg #120 is not recommended as medically necessary. The submitted clinical records indicate that the injured worker is status post anterior cervical discectomy and fusion (ACDF) from C5 to C7 on 10/04/13. The most recent clinical note does not contain any physical examination results. There is no data to establish that the injured worker suffers from myospasm for which this medication would be indicated. Therefore, the request is not medically necessary.ed.

OMEPRAZOLE DELAYED-RELEASE 20 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: The request for omeprazole delayed release 20mg #120 is not supported as medically necessary. The submitted clinical records indicate that the claimant is status post anterior cervical discectomy and fusion (ACDF) from C5 to C7 on 10/04/13. The record does not contain any data, which establishes that the injured worker suffers from medication-induced gastritis. The medical necessity for continued use of this medication has not been established. Therefore, the request is not medically necessary.

TRAMADOL HCL ER 150 MG #90: Upheld

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

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

Decision rationale: The request for Tramadol ER 150mg #90 is not supported as medically necessary. The submitted clinical records indicate that the claimant is status post anterior cervical discectomy and fusion (ACDF) from C5 to C7 on 10/04/13. It would be reasonable to presume that the claimant would require post-operative analgesia. However, the request is two months post date of surgery and no physical examination or updated data is presented to support the use of this medication. Therefore, the request is not medically necessary.

TEROCIN PATCH #10: Upheld

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

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

Decision rationale: The request for Terocin patch #10 is not supported as medically necessary. The submitted clinical records indicate that the injured worker is status post anterior cervical discectomy and fusion (ACDF) from C5 to C7 on 10/04/13. The most recent clinical note provides no physical examination. As such, there is no data to establish that the presence of myofascial pain. Additionally it would be noted that topical analgesics are not supported under Chronic Pain Medical Treatment Guidelines, as the efficacy of these medications has not been established through rigorous clinical trial. The medical necessity for this topical analgesic has not been established. Therefore, the request is not medically necessary.