

Case Number:	CM14-0008204		
Date Assigned:	02/12/2014	Date of Injury:	10/21/2007
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/22/2014

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 Family Practice and is licensed to practice in California. 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 46 year old male who sustained an injury on 10/29/07 while lifting a pallet. The mechanism of injury was not identified. The injured worker was followed for chronic complaints of neck pain radiating to the upper extremities and low back pain. As of 09/09/13 the injured worker reported pain ranging from 7-8/10 on the visual analog scale (VAS). The injured worker completed a course of physical therapy as of this date. Evaluation from 09/27/13 noted current medications as Cymbalta 30mg, gabapentin 600mg, Lidoderm patch 5%, MS Contin 60mg utilized twice in the morning one in the evening and one every eight hours as needed for pain, and Norco 10/325mg four times daily. As of this evaluation pain scores were approximately 8/10 on the visual analog scale (VAS). The injured worker had prior signed narcotic agreement and underwent urine drug screen testing. On physical examination the injured worker had continuing complaints of pain in the cervical spine and lumbar spine with positive Faber maneuvers to the right. There was pain with range of motion in the lumbar spine which was worsened on extension. Follow up with [REDACTED] on 10/24/13 again noted continuing complaints of neck pain and low back pain ranging from 7-8/10 on visual analog scale the (VAS). No specific physical examination findings were noted at this evaluation. The injured worker was recommended for medial branch blocks from C4 to C7. The injured worker was also recommended for steroids injections for the right hip. Urine drug screen findings from 10/02/13 noted positive results for hydrocodone and MS Contin. Clinical note dated 11/22/13 indicated the injured worker presented for evaluation of cervical pain rated at 7-8/10, thoracic pain at 8/10, low back pain at 8/10. The injured worker reports back stiffness, spasms, and radicular pain in bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDRO CORT AC SUPPOSITORY 25 MG 30/60 WITH 3 REFILLS: Upheld

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

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: <http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=65733>

Decision rationale: As noted on query of the United States National Library of Medicine, hydrocort AC is indicated for use in inflamed hemorrhoids, post-irradiation (factual) proctitis, as an adjunct in the treatment of chronic ulcerative colitis, cryptitis, other inflammatory conditions of the anorectum and pruritis ani. The request for the medication was submitted on 10/01/14; however there is no indication in the documentation the injured worker has been diagnosed or is being treated for any of these conditions. Additionally, there is no discussion in the documentation regarding the initiation or necessity of the requested medication. As such, the request for Hydro Cort AC suppository 25 mg 30/60 with 3 refills cannot be recommended as medically necessary.