

Case Number:	CM14-0008715		
Date Assigned:	02/12/2014	Date of Injury:	09/20/2005
Decision Date:	06/26/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Mississippi. 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 Physician 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 records presented for review indicate that this 50-year-old individual was injured in September, 2005. The current diagnosis is listed as cervicgia. The records also reflect that home health care was not certified. The medications Norco, MS Contin, Prilosec and promoalxin were partially certified. Urine drug screening noted these medications to be appropriate. It is also noted in December, 2013 a request for occipital nerve blocks was not certified. A pain management evaluation completed December, 2013 indicated there was an intervening event in September causing a "flareup" of the neck pain and headache. Trigger point injections were delivered. Other injections and nerve blocks were not completed. The multiple medication protocol was outlined. There is little clinical indication that any of the interventions (surgery, injections, physical therapy, multiple medications, dorsal conservators) have demonstrated any efficacy or utility in ameliorating the pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 4 HOURS PER DAY 3 TIMES PER WEEK: 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 Home Health Services Page(s): 51 of 127.

Decision rationale: As outlined in the guidelines, the criterion for such services is for medical treatment of individuals who are homebound. There is nothing in the medical records to suggest that this individual is home bound, cannot care for himself and requires such services. It is also noted the services are not for the purposes of shopping, cleaning, laundry or personal care. Therefore, there is no clinical indication presented in the medical record review.

NORCO 10/325 MG # 120: 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 Chronic Pain Medical Treatment Guidelines, Opioids for chronic pain Specific Drug List Page(s):.

Decision rationale: This is a narcotic medication indicated for short-term and chronic use if there is noted efficacy, utility, functional improvement or allows for return to work as outlined in the Chronic Pain Medical Treatment Guidelines. None of these criteria appeared to be met based on the progress notes presented for review. A previous partial certification to initiate a weaning protocol is noted. However, it would appear that this appropriate indication was not taken advantage of. Therefore, based on the lack of improvement, no noted efficacy or utility in terms of a decreasing pain complaint and the parameters outlined in the guidelines, this is not clinically indicated.

MS CONTIN 100 MG # 120: 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 Chronic Pain Medical Treatment Guidelines, Opioids for chronic pain Specific Drug List Page(s):.

Decision rationale: This particular potent narcotic analgesic had been partially certified in the past to allow for a weaning protocol. It does not appear such a protocol was undertaken. Furthermore, the progress notes do not support that there has been any functional improvement, decrease in pain complaints, or an ability to return to work. As such, the criteria for the continued use of such medications are not met and this is not clinically indicated under the Chronic Pain Medical Treatment Guidelines.

PRILOSEC: 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, GI SYMPTOMS AND CARDIOVASCULAR RISK,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9.

Decision rationale: This preparation is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications as outlined by the Chronic Pain Medical Treatment Guidelines. There are numerous proton pump inhibitors available over the counter without a prescription. Gastritis has not been documented as a diagnosis for this employee. Therefore, the use of this medication is not considered medically necessary at this time.

PROMOLAXIN: 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 Opioids for chronic pain, Page(s): 77/127.

Decision rationale: This medication is a stool softener, useful for the treatment of constipation. There is no clinical indication for this medication for this employee. There is documentation of narcotic usage; however, there is no documentation of constipation side effects. Furthermore, any constipation issues can be addressed with over-the-counter preparations. Based on the records reviewed, there is no clinical indication for this medication under the Chronic Pain Medical Treatment Guidelines.