

Case Number:	CM14-0009903		
Date Assigned:	02/21/2014	Date of Injury:	08/08/2009
Decision Date:	08/06/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/27/2014

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 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 52 year old male who sustained an injury on 08/08/09 when he was involved in a prison riot. The injured worker was knocked down suffering bilateral inguinal hernias and an umbilical hernia. The injured worker did have a prior umbilical wall hernia repair as well as repair of the bilateral inguinal hernias in 2009. Following the repairs, the injured worker is noted to have had persistent complaints of pain in the abdominal wall as well as pain in the low back. The injured worker's medication history was pertinent for narcotic medications, Cialis and Atarax. The injured worker did have positive urine drug screen results for Hydrocodone in August of 2013. Urine drug screen results from 11/07/13 were positive for Hydrocodone; however, there was an inconsistent result for tramadol which did not appear to be a prescribed medication at that point in time. The clinical report on 11/20/13 noted the injured worker had persistent complaints of pain in the left knee that was severe, 8/10 on the visual analog scale. The injured worker was pending surgical intervention for the left knee. Medications at this evaluation included Oxycodone 15mg utilized 6 times daily as well as Norco 10/325mg utilized every 8 hours. The injured worker continued to utilize Atarax and Cialis. Medications were continued at this evaluation. Follow up on 12/04/13 noted an increase in Oxycodone to 40mg taken every 8 hours with a prescription for Ultram ER 150mg taken twice daily. It does not appear that Norco was an active medication at this evaluation. Other medications included Naproxen, Cialis, and Hydroxyzine. Urine drug screen report from 12/12/13 noted positive findings for Oxycodone and tramadol. There were negative findings for Hydrocodone. Urine drug screen report from 12/19/13 again noted positive findings for Oxycodone and Tramadol. The requested Atarax 50mg, Cialis 20mg, Norco 10/325mg, and a

pool exercise and home muscle stretching exercise were all denied by utilization review on 12/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ATARAX 50MG: 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: Atarax. (2013). In Physicians' desk reference 67th ed.

Decision rationale: There is no indication from the clinical reports that the injured worker had any substantial side effects from other medications to support the use of this antihistamine. There were notes of itching for the injured worker; however, no specific physical examination findings were noted regarding side effects from other oral medications to warrant the continued use of an antihistamine. In regards to the request for Atarax 50mg, this request is not medically necessary.

CIALIS 20MG: 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: Cialis. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to the request for Cialis 20mg, this reviewer would not have recommended this medication as medically necessary. The clinical documentation submitted for review did not identify any evidence for erectile dysfunction or benign prostatic hyperplasia. Given the absence of any indications for this medication, this request is not medically necessary.

NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Norco 10/325mg, per the clinical reports this was not an actively prescribed medication as of December of 2013. The injured worker had been

prescribed Oxycodone and Ultram for pain. Given the absence of any indication of continued use of Norco and as drug screens were negative for Hydrocodone, this request is not medically necessary.

POOL EXERCISE & HOME MUSCLE STRETCHING EXERCISES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: In regards to the request for a pool exercise and home muscle stretching exercise program, this reviewer would not have recommended this request as medically necessary. There is no indication from the clinical reports that the injured worker had failed land based physical therapy. No specific functional improvement expectations were documented in the clinical reports to support the use of aquatic therapy and a muscle exercise program. No specific functional goals were noted. Therefore, this request is not medically necessary.