

Case Number:	CM14-0100473		
Date Assigned:	07/30/2014	Date of Injury:	12/20/2013
Decision Date:	09/24/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 43-year-old individual was reportedly injured on December 20, 2013. The mechanism of injury was noted as jumping from a roof. The most recent progress note, dated July 17, 2014, indicated that there were ongoing complaints of left lower extremity pain. The physical examination demonstrated a well-developed well-nourished individual in no acute distress. An antalgic gait disorder was reported and motor and sensory in the lower extremity were intact. Diagnostic imaging studies were not reported. Previous treatment included cast immobilization, multiple medications and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR NAPROSYN DOS 4/14/20114: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

Decision rationale: As noted in the MTUS, this medication is an option to address the signs and symptoms of osteoarthritis. The diagnosis is reported to include a meniscal tear. An orthopedic consultation was pending to develop a treatment plan for that pathology. There is no noted osteoarthritis. Furthermore, when noting the date of injury, the mechanism of injury, and the finding on physical examination, there is no clinical indication that this medication is limited by any efficacy whatsoever. As such, the retrospective request for Naprosyn DOS 4/14/2014 is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR PANTOPRAZOLE DOS 4/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISKS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: As outlined in the MTUS, this is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. When noting the date of injury, the current complaints, it is noted that there are no subjective symptoms relative to the gastrointestinal tract. Furthermore, while noting there is no clinical indication for the non-steroidal medications, and given that there are no complaints, there is no medical necessity for the continued use of this preparation. As such, the retrospective request for Pantoprazole DOS 4/14/2014 is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR NORCO 2.5 MG DOS 4/14/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: As outlined in the MTUS, this medication is a short acting opioid indicated for the management of moderate to severe breakthrough pain. When considering the reported mechanism of injury, the multiple physical examination findings reported and the lack of any acute pathology, there is no clinical indication presented for this preparation. Furthermore, based on the progress notes reviewed, there is no demonstrated efficacy or utility with the continued use of this narcotic analgesic. As such, the retrospective request for Norco 2.5 mg DOS 4/14/2014 is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR MEDROX CREAM DOS 4/14/2014: Upheld

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

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

Decision rationale: Medrox (Dendracin) ointment is a topical analgesic ointment containing methyl salicylate 20.00%, menthol 5.00%, capsaicin 0.0375%. The MTUS notes that topical analgesics are largely experimental and there have been few randomized controlled trials. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation provided, there is no documentation that a previous trial of oral antidepressant or anticonvulsant has been attempted. Furthermore, there is no objective data indicating any efficacy relative to the use of this topical preparation. Therefore, the retrospective request for medrox cream, DOS 4/14/2014 is not medically necessary and appropriate.