MAXIMUS Federal Services

Case Number:	CM14-0101432		
Date Assigned:	07/30/2014	Date of Injury:	04/29/2004
Decision Date:	10/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/01/2014

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 67 year old male was reportedly injured on April 29, 2004. The mechanism of injury is undisclosed. The most recent progress note, dated July 3, 2014, indicates that there are ongoing complaints of inguinal groin pain. The physical examination demonstrated minimal groin swelling, no signs of infection or squirrel enlargement. Diagnostic imaging studies were not presented. Previous treatment includes surgical intervention, postoperative pain management, and conservative care. A request was made for multiple medications and was not certified in the preauthorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fasting labs (GI Profile), "Cardio-respiratory" testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison, Washington Manual of Medical Therapeutics

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: Preoperative Evaluation Am Fam. Physician. 2000 Jul 15; 62 (2):387-396

Decision rationale: Based on the progress notes presented for review, there is no clinical indication presented for this overly broad laboratory study. There are no specific complaints to suggest the need for cardiorespiratory testing. Therefore, based on the clinical information presented for review this is not clinically indicated or medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screen. Decision based on Non-MTUS Citation Work Loss Institute, Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the MTUS Chronic Pain Guidelines, urine drug screening is recommended as an option however there needs to be some clinical indication for an intervention. There is no notation of illicit drug use, intoxication, drug diversions or any other parameter by which such a study would be necessary. Therefore, based on the limited clinical records the medical necessity has not been established.

Prilosec 20mg #45 2 refills: Upheld

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

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

Decision rationale: This medication is a proton pump inhibitor indicated for the treatment of gastroesophageal reflux disease and can be used as a protectorate for those in individuals who are symptomatic taking nonsteroidal medications. Nothing in the progress notes presented for review indicate that there are any gastric complaints. Furthermore, there are no physical examination findings to support the need for this. Accordingly, there is no medical necessity established for this medication.

Metamucil 2 refills: 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 Page(s): 88.

Decision rationale: This is a laxative (over the counter) indicated for the treatment of constipation. There is nothing in the progress notes indicating that there are any complaints of constipation or any other comorbidities that require the use of this preparation. Therefore, based on the lack of clinical information the medical necessity has not been established.

Restoril #30 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: This medication is a hypnotic of the benzodiazepine class of psychoactive drugs. This is indicated for the short term treatment of insomnia however there is no data to suggest that there has been any efficacy with this medication. Furthermore, this medication is not endorsed for chronic or indefinite use. Therefore, based on the limited clinical information presented for review the medical necessity of this medication has not been established.