

<b>Case Number:</b>	CM14-0102658		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/27/2009
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with an 8/27/09 date of injury. At the time (5/1/14) of request for authorization for Medication Oral Suspension, there is documentation of subjective (low back pain with radicular complaints) and objective (tenderness to palpation over the lumbar paraspinal muscles and bilateral posterior superior iliac spine, positive Lasegue's sign, and decreased sensation over the L4, L5 and S1 dermatomes) findings, current diagnoses (lumbar spine sprain/strain rule out disc displacement and lumbar radiculopathy), and treatment to date (topical compounded medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication Oral Suspension:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines on Chronic Pain subsection under medication-compound drugs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medical practice standard of care.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that oral pharmaceuticals are a first-line palliative method; nonprescription analgesics provide sufficient pain relief for most patients with acute work-related symptoms; if treatment response is inadequate (i.e., symptoms and activity limitations continue), physicians should add prescribed pharmaceuticals or physical methods; consideration of co-morbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations; and the physician should discuss the efficacy of medication for the particular condition, its side effects, and any other relevant information with the patient to ensure proper use and, again, to manage expectations. Medical Treatment Guideline/Medical practice standard of care criteria necessitate/makes it reasonable to require documentation of which specific medication(s) are being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested medication(s) are indicated, as criteria necessary to support the medical necessity of medication(s). Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain rule out disc displacement and lumbar radiculopathy. However, given documentation of a request for medication oral suspension, there is no (clear) documentation of the specific medication(s) being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested medication(s) are indicated. Therefore, based on guidelines and a review of the evidence, the request for Medication Oral Suspension is not medically necessary.