MAXIMUS Federal Services

Case Number:	CM14-0104891		
Date Assigned:	08/01/2014	Date of Injury:	05/08/2012
Decision Date:	10/02/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/08/2014

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 53 year-old male was reportedly injured on May 8, 2012. The mechanism of injury is noted as a motor vehicle collision. The most recent progress note, dated May 25, 2014, indicates that there are ongoing needs for multiple medications. The physical examination was not reported. Diagnostic imaging studies were not presented. Previous treatment includes multiple medications. A request had been made for multiple medications and was not certified in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg QTY: 100.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS), this medication is an option for the treatment of signs and symptoms of osteoarthritis. However, the lack of clinical information in the progress notes presented does not objectified or establishes the efficacy of this medication. While it is indicated, there needs to be some improvement in

overall functionality or decrease in pain symptomatology. Seeing none there is no clinical information presented to support the medical necessity of this medication. Therefore, this request is not medically necessary.

Ophenadrine Citrate ER 100mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66. Decision based on Non-MTUS Citation CA MTUS 2009 ACOEM Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS), this medication is used to treat painful muscle spasms and Parkinson's disease. There is no physical examination provided with the May 25, 2014 progress note therefore, there is no noted muscle spasm on which to support the need for this medication nor is there any data presented to suggest that this is having any efficacy whatsoever. Therefore, based on the criterion outlined in the California (MTUS) tempered by the lack of medical information in the most recent progress note, this is not medically necessary.

Ondansetron ODT 8mg QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR) 2009, page 1688

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated September, 2014.

Decision rationale: It is noted that this medication is not addressed in the American College of Occupational and Environmental Medicine (ACOEM) guidelines. The parameters noted in the Official Disability Guidelines (ODG) were used. This is an FDA approved medication to address nausea and vomiting secondary to chemotherapy, radiation therapy and post-operatively. There are no progress notes present to suggest that there are any complaints of nausea or vomiting. Therefore, there is no clinical indication to prescribe his medication based on a lack of clinical data. This is not medically necessary.

Omeprazole 20mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: This medication is a protein pump inhibitor useful for the treatment of gastroesophageal reflux disease and considered a gastric protectant for individuals utilizing non-steroidal medications. However, there is no documentation that there are any gastric complaints, evidence of gastritis, or any other gastrointestinal distress. Therefore, there is insufficient clinical information presented to support the medical necessity of this medication. Therefore, this request is not medically necessary.

Tramadol ER 150mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,113.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS), this is a centrally acting synthetic opioid analgesic. This is not recommended as a first-line oral analgesic. Furthermore, there are no objective parameters noted in the progress notes to suggest that this medication has demonstrated any efficacy or utility. Given that there is no increase in functionality objectified or decrease in pain symptomatology the continued use of this medication is not clearly clinically established. There is no medical necessity for this medication at this time.

Terocin Patch QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,112.

Decision rationale: This is a topical analgesic containing Lidocaine and menthol. There is some support for topical Lidocaine in the treatment of a neuropathic pain lesion. However, there is no objectification of a specific neuropathic disorder. Therefore, given the lack of clinical information there is insufficient data presented to support this request. The medical necessity cannot be established.

Cyclobenzaprine 7.5mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66. Decision based on Non-MTUS Citation CA MTUS 2009 ACOEM Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,112.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of muscle relaxant medications for short-term treatment of flares. There is no clinical indication for chronic, indefinite or continued use. In fact long-term use has not been supported as there is increased incidence of addiction another side effect profile. Therefore, based on the criterion outlined in the California (MTUS) tempered by the lack of clinical information demonstrating the efficacy or utility of this medication there is no clinical data presented to support its medical necessity. Therefore, this request is not medically necessary.