MAXIMUS Federal Services

Case Number:	CM14-0109379		
Date Assigned:	09/19/2014	Date of Injury:	01/12/2009
Decision Date:	11/05/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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 & Rehabilitation, 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:

The underlying date of injury in this case is 01/12/2009. The date of the utilization review under appeal is 06/19/2014. The patient's treating diagnosis is cervicalgia. The primary treating physician saw the patient 06/04/2014 and noted that the patient had constant pain in the cervical spine aggravated by repetitive motions of the neck including pushing, pulling, lifting, forward reaching, and working out above shoulder level. The patient also had headaches which were migrainous in nature as well as tension between the shoulder blades. The patient's pain overall was improving. The treating physician recommended that medications be continued. An additional PR-2 received 06/12/2014 was handwritten and essentially illegible. A primary treating physician's request for authorization of 06/11/2014 contained general references to the treatment guidelines for multiple medication requests although contains only limited information individualized or specific to this patient's clinical history.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 500mg #120: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications states that anti-inflammatories are the traditional first line of treatment to reduce pain and improve function, although long-term use may not be warranted. The medical records contain very limited discussion in this case of risk versus benefit of NSAIDS, particularly given the chronic nature of this injury at over 5 years old. There is very limited individualized clinical information upon which to assess the benefit or indication of this medication. This request is not medically necessary.

Omeprazole 20mg #120: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on anti-inflammatories and gastrointestinal symptoms states that the clinician should determine if the patient is at risk for gastrointestinal events. The medical records in this case contain only very limited information in terms of specific clinical indications for this particular patient's clinical history. The records do not contain information to support an indication for Omeprazole. This request is not medically necessary.

Ondanselron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labeling Information

Decision rationale: This medication is not specifically discussed in the Medical Treatment Utilization Schedule. FDA approved labeling information supports this medication as indicated for nausea from cancer-related chemotherapy or for immediate postoperative nausea. The medical records contain general information regarding indications for this medication but not specific to this particular patient. The records and guidelines do not support this medication. This request is not medically necessary.

Orphandrine Citrate 100mg #120: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The medical records in this case do not provide clear rationale as to why this would be an exception to support the use of this medication in a chronic setting. This request is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management. There is very limited documentation of functional benefit or other indications versus side effects or screening for aberrant behavior to support an indication for opioid use on a chronic basis. This request is not medically necessary.

Sumatriptan Succinale 25mg # 9x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Head, Triptans

Decision rationale: The Medical Treatment Utilization Schedule does not specifically discuss this medication. Official Disability Guidelines/Treatment in Workers' Compensation/Head/Triptans states that all FDA-approved Triptans are effective at marketed dosages for migraine headaches. The medical records in this case reference a migraine type headache briefly, but there is very limited documentation regarding the methodology of determining this diagnosis or the efficacy of this medication. There is insufficient information to support the effectiveness of this medication or its indication. This request is not medically necessary.

Terocin Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics, page 111, states the use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The medical records do not clearly provide such information at this time. Overall the records do not clearly provide a rationale or indication to support the necessity or effectiveness of topical medications. This request is not medically necessary.