

Case Number:	CM14-0017370		
Date Assigned:	04/14/2014	Date of Injury:	09/02/2011
Decision Date:	05/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/11/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 54-year-old female who reported an injury on 09/02/2011, secondary to a fall. The current diagnoses include cervical sprain/strain with radiculopathy and internal derangement of the knee. The injured worker was evaluated on 01/27/2014. The injured worker reported ongoing neck and knee pain. Physical examination revealed tenderness to palpation of the paraspinal muscles with restricted cervical range of motion, joint line tenderness, and diminished strength in bilateral upper and lower extremities. The treatment recommendations included prescriptions for Prilosec, Valium, Vicodin, Tylenol extra strength, and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF PRILOSEC 40MG #30 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. The patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in

addition to a nonselective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. As such, the request is not medically necessary.

1 PRESCRIPTION OF VALIUM 5MG #60 WITH 2 REFILLS: Upheld

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

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

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the requested medication has not been established. Guidelines do not recommend long-term use of this medication. There is also no frequency listed in the current request. As such, the request is not medically necessary.

1 PRESCRIPTION OF VICODIN 5/300MG #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no evidence of a failure to respond to non-opioid analgesics. There is also no frequency listed in the current request. As such, the request is not medically necessary.

1 PRESCRIPTION OF TYLENOL ES 500MG #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11-12.

Decision rationale: California MTUS Guidelines state acetaminophen is recommended for treatment of chronic pain and acute exacerbations of chronic pain. There is no frequency listed in the current request. Therefore, the request is not medically necessary.

1 PRESCRIPTION OF NAPROSYN 550MG #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. There is no frequency listed in the current request. Therefore, the request is not medically necessary.