

Case Number:	CM14-0017717		
Date Assigned:	04/16/2014	Date of Injury:	09/03/2013
Decision Date:	06/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal Medicine, 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 injured worker is a 56-year-old male who reported an injury on 09/03/2013 secondary to a fall. Current diagnoses include lumbar sprain/strain and left knee sprain/strain. The injured worker was evaluated on 12/17/2013. The injured worker reported 6/10 pain with improvement following chiropractic therapy. The physical examination revealed normal findings. Treatment recommendations included continuation of naproxen and a compounded cream, with additional prescriptions for Tramadol and Toprophan.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF TRAMADOL 50MG: Upheld

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

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

Decision rationale: The MTUS Chronic Pain 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 frequency listed in the current request. Therefore, the request is not medically appropriate.

30 TABLETS OF TOPROPHAN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: The Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered under the supervision of a physician, and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. The medical necessity for the requested medication/supplement has not been established. There was also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

60 TABLETS OF NAPROXEN 550MG: Upheld

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

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

Decision rationale: The MTUS Chronic Pain 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 treatment after acetaminophen. The injured worker does not report an improvement in symptoms, despite ongoing use of this medication. Guidelines do not recommend long term use of this medication. Additionally, there is no frequency listed in the current request. As such, the request is not medically necessary and appropriate.