MAXIMUS Federal Services

Case Number:	CM14-0110342		
Date Assigned:	08/01/2014	Date of Injury:	08/17/2007
Decision Date:	09/11/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/15/2014

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 medicine and is licensed to practice in Texas. 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 49-year-old male who sustained an injury on 02/12/2013. No specific mechanism of injury was noted. The injured worker had been followed for complaints of bilateral leg pain and associated numbness. The injured worker was noted to have a prior history of gastro esophageal reflux disease. The injured worker was noted to be pending surgical intervention to include decompression and lumbar fusion at L4-5 and L5-S1. The injured worker's pain scores remained severe between 8 and 9/10 in intensity. The injured worker was being followed by pain management and being provided multiple prescriptions. There was no documentation from the prescribing physician available for review. The clinical report from 05/19/14 indicates the injured worker was still having swelling in the left ankle following lumbar surgical intervention. The injured worker also described continuing numbness and tingling radiating to the lower extremities. The requested medications to include Norco 2.5/325 mg #120, Omeprazole 20mg #60, Cyclobenzaprine 7.5mg #60, Xolindo 2% cream, Menthoderm gel Theramine #90, Sentra am and pm #60, Gabadone #60 and Trepadone #120 were all denied by utilization review on 06/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: In regards to the request for Norco 2.5/325 mg #120, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted. There was no discussion regarding these medications from the prescribing physician. The clinical notes included documentation from the requesting surgeon and other providers however, there were no pain management notes available for review to establish the need of this medication for this injured worker therefore, this request is not medically necessary.

Omeprazole 20mg, #60: Overturned

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

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, proton pump inhibitors.

Decision rationale: In regards to the request for Omeprazole 20mg #60, this reviewer would have recommended this medication as medically necessary. The clinical documentation submitted for review did note a prior history of gastro esophageal reflux disease. Given the injured worker's multiple medication requirements, the use of Omeprazole would have been appropriate to address ongoing gastro esophageal reflux disease which could be potentially exacerbated by multiple oral medication use therefore, this request is medically necessary and appropriate.

Cyclobenzaprine hydrochloride 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-67.

Decision rationale: In regards to the request for Cyclobenzaprine 7.5mg quantity 60, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted. There was no discussion regarding these medications from the prescribing physician. The clinical notes included documentation from the requesting surgeon and other providers however, there were no pain management notes available for review to establish the need of this medication for this injured worker therefore, this request is not medically necessary.

Xolindo 2% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: In regards to the request for Xolindo 2% cream, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted. There was no discussion regarding these medications from the prescribing physician. The clinical notes included documentation from the requesting surgeon and other providers however, there were no pain management notes available for review to establish the need of this medication for this injured worker therefore, this request is not medically necessary.

Menthoderm gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: In regards to the request for Menthoderm gel, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted. There was no discussion regarding these medications from the prescribing physician. The clinical notes included documentation from the requesting surgeon and other providers however, there were no pain management notes available for review to establish the need of this medication for this injured worker therefore, this request is not medically necessary.

Theramine #90: Upheld

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

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, Medical Food.

Decision rationale: In regards to the request for Theramine quantity 90, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted. There was no discussion regarding these medications from the prescribing physician. The clinical notes included

documentation from the requesting surgeon and other providers however, there were no pain management notes available for review to establish the need of this medication for this injured worker therefore, this request is not medically necessary.

Sentra AM, #60: Upheld

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

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, Medical Food.

Decision rationale: In regards to the request for Sentra AM quantity 60, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted. There was no discussion regarding these medications from the prescribing physician. The clinical notes included documentation from the requesting surgeon and other providers however, there were no pain management notes available for review to establish the need of this medication for this injured worker therefore, this request is not medically necessary.

Sentra PM, #60: Upheld

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

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, Medical Food.

Decision rationale: In regards to the request for Sentra PM Quantity 60, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted. There was no discussion regarding these medications from the prescribing physician. The clinical notes included documentation from the requesting surgeon and other providers; however, there were no pain management notes available for review to establish the need of this medication for this injured worker therefore, this request is not medically necessary.

Gabadone, #60: Upheld

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

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, Medical Food.

Decision rationale: In regards to the request for Gabadone quantity 60, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted. There was no discussion regarding these medications from the prescribing physician. The clinical notes included documentation from the requesting surgeon and other providers however, there were no pain management notes available for review to establish the need of this medication for this injured worker therefore, this request is not medically necessary.

Trepadone, #120: Upheld

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

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, Medical Food.

Decision rationale: In regards to the request for Trepadone quantity 120, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted. There was no discussion regarding these medications from the prescribing physician. The clinical notes included documentation from the requesting surgeon and other providers however, there were no pain management notes available for review to establish the need of this medication for this injured worker therefore, this request is not medically necessary.