

Case Number:	CM14-0110607		
Date Assigned:	08/01/2014	Date of Injury:	06/29/2005
Decision Date:	10/23/2014	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 Physical Medicine and 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:

Patient is a 48-year-old male with a 06/29/25 date of injury. 01/13/14 progress report states that the patient presents with lumbar pain. Physical exam reveals decreased range of motion to flexion and extension and motor testing 5-/5 bilateral lower extremities. The diagnoses listed are chronic pain, degeneration of lumbar/lumbosacral intervertebral disk, depressed mood, anxiety. The report states that the following medications were refilled: Ultram, Lidoderm patch, Ambien CR, Protonix, Sertraline. The following reports dated the 03/11/14 as well as 05/13/14 do not discuss the patient's complaints, do not list physical examination findings, and simply state assessments: other chronic pain, degeneration of lumbar/lumbosacral intervertebral disk. These latest reports do not list diagnoses of depressed mood and anxiety. Plan section states refills of the same medications with two month supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline HCL 100 mg # 30: 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 Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Mental Illness & Stress Chapter SSRI's.

Decision rationale: Medical documentation does not contain detailed description of the patient's depressive symptoms as well as a rationale for a corresponding specific DSM-IV diagnosis. There is lack of subjective and objective findings in the documentation provided with only the diagnoses of chronic pain and lumbar disk degeneration. The medical necessity is not established. The request is not medically necessary.

Lidoderm Patch 5% # 60: 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 Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain Chapter Lidoderm Patches

Decision rationale: There is lack of subjective and objective findings in the documentation provided with only the diagnoses of chronic pain and lumbar disk degeneration. No exact area of application is described and no documentation describing continued functional benefit from these patches is provided. No documentation of ongoing pain relief or improvement in function. The medical necessity is not established. The request is not medically necessary.

Ambien CR 6.25 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: There is lack of subjective and objective findings in the documentation provided with only the diagnoses of chronic pain and lumbar disk degeneration. No detailed discussions of the patient's sleep disorders. No discussion of failed attempts to address the patient's sleep hygiene issues. The medical necessity is not established. The request is not medically necessary.

Protonix 20 mg #60: 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 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, (Pain Chapter): Proton pump inhibitors (PPIs)

Decision rationale: The documentation provided does not address the patient's GI issues. There is no discussion describing the need for a proton pump inhibitor in this patient. Therefore, the medical necessity has not been established. The request is not medically necessary.