

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0119555 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 03/24/2011 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 07/02/2014 |
| Priority: | Standard | Application Received: | 07/30/2014 |

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 Nevada. 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 44-year-old male who was reportedly injured on March 24, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 8, 2013, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a decrease in range of motion, negative straight leg raising, multiple paraspinal trigger points with a normal strength and sensation lower extremities. Diagnostic imaging studies objectified and were not reported. Multiple trigger point injections were completed. Previous treatment included medications, therapy, acupuncture and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: This medication is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. This can also be used as a gastric protectant against those individuals utilizing non-steroidal anti-inflammatory medications. However, when noting the date of injury, the injury sustained, the treatment rendered, there is no indication of any gastrointestinal distress. Therefore, based on the lack of a current complaint and there is no physical examination findings to suggest the same, there is no objective parameter identified in support of the medical necessity of this medication. This is not medically necessary.

Flexaryl 7.5mg (unspecified amount): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the injured worker's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. Furthermore, when noting the amount of time this medication has been employed and by the recent physical examination findings, there is no clinical indication demonstrating the efficacy or utility of this medication. Therefore, when noting this is indicated for short-term use only, and no clinical indication for chronic or indefinite use, and by the physical examination parameters identified in the progress notes, as well as the criterion outlined in the guidelines, the request is not medically necessary.

Terocin Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. With review of the progress notes and the medical records presented, this does not objectify that there has been any noted functional improvement, decreased symptomatology or any efficacy whatsoever with the utilization of this topical product. Therefore, while noting that this is indicated for neuropathic pain lesions, the lack of any efficacy overcomes continued utilization. As such, this request is not medically necessary.

Trigger point injections times four (x4) to lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122 of 127.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The progress notes presented for review indicate trigger point, but no clear definition as required. Furthermore, there was no notation of medical management such as ongoing stretching exercises etc. As such, based on the progress notes and the parameters outlined in the California Medical Treatment Utilization Schedule, this is not medically necessary.

Naproxen 550mg #100 (2 bottles filled): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 and 73 of 127.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, Naprosyn is recommended as an option for the relief of signs and symptoms of osteoarthritis. The osteoarthritis is not noted as much as the soft tissue myofascial sprain strain/syndrome. Additionally, when noting the pain complaints are not improving, it is clear that this medication is not achieving its intended goal. Therefore, when noting the parameters outlined in the California Medical Treatment Utilization Schedule and by the physical examination findings and the subjective complaints offered by the injured employee, there is insufficient clinical data presented to support the medical necessity of this medication.