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| Case Number: | CM14-0121952 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 06/09/2011 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 08/01/2014 |

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 records, presented for review, indicate that this 33-year-old male was reportedly injured on June 9, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 26, 2014, indicated that there were ongoing complaints of thoracic spine and bilateral knee pains. The physical examination was not reported. Diagnostic imaging studies were not presented. Previous treatment included formal physical therapy, multiple medications and this has been advanced to a home exercise protocol. A request had been made for multiple medications and was not certified in the pre-authorization process on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: It was noted that the previous progress notes did not identify any specific gastric complaints. However, the requesting provider is now, indicating with the most recent progress note, there are no complaints of gastric distress reported by the injured employee. With

these complaints of gastric distress, and noting that a non-steroidal medication is being prescribed, there is a clinical indication for the medical necessity of this preparation. Therefore, based on the current clinical information, that there are subjective complaints of gastric distress, this medication is deemed to be medically necessary.

Ultram ER 150 mg #30: 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): 82, 113.

Decision rationale: The progress notes indicate that in attest the injured employee had been using the medication Norco. This was not demonstrating any efficacy and was therefore changed to the medication Ultram. The current notes do not indicate that there is any significant pain relief, an increase in functionality or decrease in symptomatology. Therefore, based on the current assessments offered by the requesting provider, there is insufficient clinical data presented to support this request. The medical necessity has not been established.

Relafen 750 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The progress notes, currently reviewed, indicate that there were complaints of low back pain. There is no indication, that this non-steroidal anti-inflammatory medication, which has been recommended for the signs and symptoms of osteoarthritis, is clinically indicated, as there is no noted efficacy, increased functionality or decreased subjective pain complaints. As such, based on the records reviewed, the medical necessity has not been established.