

Case Number:	CM14-0122665		
Date Assigned:	08/08/2014	Date of Injury:	12/04/2003
Decision Date:	09/22/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/04/2014

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 & 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 individual (age uncertain, not listed in records reviewed) was reportedly injured on December 4, 2003. The mechanism of injury was not listed in these records reviewed). The most recent progress note, dated July 16, 2014, indicated that there were ongoing complaints of mid epigastric pain. The assessment was completed telephonically and no physical examination assessment was completed. Diagnostic imaging studies were not completed. Previous treatment included multiple medications. A request had been made for multiple medications and was not certified in the pre-authorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Docuprene 100mg #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May, 2009). Decision based on Non-MTUS Citation McKay SL, Favel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

Decision rationale: The progress notes presented for review indicate the pain complaints were external/epigastric. There were no complaints of constipation or other contraindications or negative side effects of use of the non-steroidal medications. Furthermore, there was no physical examination offered suggesting that there was evidence of constipation. As such, based on the clinical rationale presented for you and noting the parameters for such medications, there is no clear correlation of the medical necessity for this preparation therefore, this request is not medically necessary.

Prospective request for 1 prescription of Hydrocodone/apap 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: The progress notes presented for review indicated some external, epigastric pain. A diagnosis of gastroesophageal reflux disease is made. This is treated with a proton pump inhibitor. As such, based on the data presented, there is no clinical indication for narcotic analgesic. Furthermore, the efficacy of this medication has not been established in the progress notes presented for review. Therefore, when considering the parameters noted in the MTUS for the use of chronic opioid narcotics, and by the medical records presented, this request is not medically necessary.

Prospective request for 1 General Practitioner consultation for elevated liver enzymes:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission. Abnormal liver chemistry-evaluation and interpretation. Victoria (BC): British Columbia Medical Services Commission; 2011 Aug. 1. 5 p. [14 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127.

Decision rationale: Based on the limited clinical information presented for review and noting that the non-steroidal medications have been discontinued, there is no clinical indication presented for any laboratory studies to address liver function. Therefore, based on the scant records and by the parameters outlined in the ACOEM guidelines, there is insufficient clinical information to support this request. Therefore, this request is not medically necessary.

Prospective request for 1 warming pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162.

Decision rationale: When considering the date of injury, there is no clinical indication to suggest that a heating application would be necessary to address the complaints offered. As such, based on the limited clinical information presented, and by the parameters outlined in the ACOEM guidelines, there is no medical necessity for such an intervention. Therefore this request is not medically necessary.

Prospective request for 1 cervical pillow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders-Clinical Measures; (Electronically Cited).

Decision rationale: The ACOEM guidelines make no recommendation for the specific commercial product outlined and there is no qualitative evidence identified that would have any support for this device. Therefore, based on the lack of clinical support in the guidelines, and by the limited clinical information presented for review, there is insufficient data to establish the medical necessity of this device. Therefore this request is not medically necessary.

Prospective request for 1 prescription of Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: Based on the progress notes presented, noting the ongoing complaints of sub-sternal epigastric discomfort, there is a clinical indication for this proton pump inhibitor. Therefore, noting the current complaints and the clinical assessment offered, this request is medically necessary.

Prospective request for 4 massage therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 OF 127.

Decision rationale: The progress notes presented for review indicated there were complaints of some external chest pain. There was no medical data indicating that there is any musculoskeletal issue that would be of benefit with this type of intervention. As outlined in the MTUS, besides therapy, it is recommended as an option of the treatment and must be an adjunct to other recommended treatment. However, based on the limited clinical information presented for review, and by the parameters noted in the MTUS, there is insufficient clinical evidence presented to support the medical necessity of this request. Therefore, this request is not medically necessary.