

Case Number:	CM14-0125339		
Date Assigned:	09/16/2014	Date of Injury:	10/14/2010
Decision Date:	11/18/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/06/2014

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 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:

The records presented for review indicate that this 47 year-old female was reportedly injured on October 14, 2010. The most recent progress note, dated August 16, 2014, indicates that there were ongoing complaints of low back pain. The physical examination demonstrated an altered gait pattern (left) and is noted failure to improve with the previous treatment plan. Diagnostic imaging studies were not presented for review. Previous treatment includes multiple medications, physical therapy, activity modification, a home exercise protocol, and other pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate

to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function, or decrease in the pain level with the previous use of Tramadol. The progress note specifically indicate that there has been a failure to improve with the treatment plan outlined. As such, based on the limited clinical information presented in the progress notes reviewed, noting there has not been any efficacy of this medication, the request is not medically necessary.

Motrin 800mg #120: Upheld

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): 22.

Decision rationale: As outlined in the MTUS, this medication is a nonselective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. However, when noting the progress notes indicating that the previous use of this medication has not improved the overall clinical situation, when noting there is no increase functionality, decrease in pain complaints or any evidence to suggest that there is any efficacy or utility with medication, there is insufficient data presented to establish the medical necessity.

Neurontin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: MTUS treatment guidelines supports Neurontin for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. A review of the available medical records documents chronic back pain; however, the claimant has no objective findings of neuropathic or radicular on examination. Furthermore, there is no objectified data to suggest any increase in overall functionality or decrease in pain symptomology. Specifically, it is noted that the medication protocol fail to improve the overall clinical situation. As such, this request does not meet guideline criteria and is therefore not considered to be medically necessary.

Home Care; 4 hours a day, 3 days per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: MTUS guidelines support home health services for medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Review of the available medical records indicate a left wrist injury. There is no indication that this individual is homebound and requires 4 hours of healthcare per day. As such, this is not medically necessary.