MAXIMUS Federal Services

Case Number:	CM14-0172072		
Date Assigned:	10/23/2014	Date of Injury:	07/04/2012
Decision Date:	12/02/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic knee pain, leg pain, and shoulder pain reportedly associated with an industrial injury of July 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical agents; transfer of care to and from various providers in various specialties; a knee support; and unspecified amounts of physical therapy, acupuncture, and manipulative therapy. In a Utilization Review Report dated October 6, 2014, the claims administrator denied a request for Gabapentin, Vicodin, Compazine, Colace, and Lovenox. The claims administrator cited a lack of supporting information in its decision to deny Lovenox.The applicant's attorney subsequently appealed; however, neither the applicant's attorney nor the claims administrator enclosed any supporting records or supporting documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case, however, the attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing gabapentin usage. The applicant's work and functional status were not described by the claims administrator in its Utilization Review Report. No clinical progress notes were attached to the application for Independent Medical Review. Therefore, the request is not medically necessary.

Vicodin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status, functional status, and response to ongoing usage of Vicodin have not been clearly outlined. No clinical progress notes were attached to the applicant's Independent Medical Review. The information on file does not support or substantiate the request. Therefore, the request is not medically necessary.

Compazine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Compazine Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Compazine usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant's response to usage of Compazine was not described or characterized. No clinical progress notes were attached to the request for authorization. While the Food and Drug Administration (FDA) notes that Compazine is indicated to control severe nausea and/or vomiting, to treat schizophrenia, and/or to treat non-psychotic anxiety on a short-term basis, in this case, however, it was not clearly stated for what purpose Compazine was being employed and/or whether or not it was, in fact, effective. Therefore, the request is not medically necessary.

18-day supply of Lovenox:

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 Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Lovenox Medication Guide.

Decision rationale: The MTUS does not address the topic. While the Food and Drug Administration (FDA) does note that Lovenox is indicated in the prophylaxis of DVT in applicants undergoing abdominal surgery, hip replacement surgery, knee replacement surgery, and/or in applicants with severely restricted mobility during acute illness, in in-patient treatment of acute DVT with or without pulmonary embolism, and/or to treat myocardial infarction, in this case, however, it was not clearly stated for what purpose Lovenox is being employed. It was not stated whether the request was a first-time request or a renewal request. Again, no clinical progress notes were attached to the application for Independent Medical Review. The information which is on file, namely the Utilization Review Report, failed to support or substantiate the request. Therefore, the request is not medically necessary.