

Case Number:	CM14-0024220		
Date Assigned:	06/11/2014	Date of Injury:	08/23/2012
Decision Date:	09/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 Orthopedic Surgery 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 55 year-old individual was reportedly injured on August 23, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 28, 2014, indicates that there were no specific complaints. A check-off list of medications was noted. The previous progress note is dated October 7, 2013. The physical examination demonstrated tenderness to palpation of the lower lumbar spine and joint line tenderness to the knees. Diagnostic imaging studies were not reviewed. Previous treatment includes multiple audiology assessments. A request had been made for multiple medications and was not certified in the pre-authorization process on February 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg Quantity 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): 66, 73.

Decision rationale: There is no clinical assessment of the current condition or determination of the efficacy or utility of these medications presented in the progress notes. Due to the complete

lack of clinical information, medical necessity cannot be established for the request for Naproxen.

Cyclobenzaprine Hydrochloride 7.5mg Quantity 120: 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.

Decision rationale: There is no clinical assessment of the current condition or determination of the efficacy or utility of these medications presented in the progress notes. Due to the complete lack of clinical information, medical necessity cannot be established for the request for Cyclobenzaprine.

Ondansetron ODT 8mg Quantity 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter updated July, 2014.

Decision rationale: There is no clinical assessment of the current condition or determination of the efficacy or utility of these medications presented in the progress notes. Due to the complete lack of clinical information, medical necessity cannot be established for request for Ondansetron.

Omeprazole Delayed-Release 20mg Quantity 120: 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.

Decision rationale: There is no clinical assessment of the current condition or determination of the efficacy or utility of these medications presented in the progress notes. Due to the complete lack of clinical information, medical necessity cannot be established for the request for Omeprazole.

Tramadol Hydrochloride ER 150mg Quantity 90: Upheld

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

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

Decision rationale: There is no clinical assessment of the current condition or determination of the efficacy or utility of these medications presented in the progress notes. Due to the complete lack of clinical information, medical necessity cannot be established for the request for Tramadol.

Levofloxacin 750mg Quantity 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter updated July, 2014.

Decision rationale: There is no clinical assessment of the current condition or determination of the efficacy or utility of these medications presented in the progress notes. Due to the complete lack of clinical information, medical necessity cannot be established for the request for Levofloxacin.

Terocin Patch Quantity 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): 112.

Decision rationale: There is no clinical assessment of the current condition or determination of the efficacy or utility of these medications presented in the progress notes. Due to the complete lack of clinical information, medical necessity cannot be established for the request for Terocin patch.