MAXIMUS Federal Services

Case Number:	CM14-0031369		
Date Assigned:	04/09/2014	Date of Injury:	08/15/2000
Decision Date:	06/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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 65-year-old individual was injured in August 2000. There are ongoing complaints of low back pain as a diagnosis is noted to be degenerative disc disease (72.52). No specific mechanism of injury is provided. The medication Oxycodone was prescribed in March 2014. In addition to the ongoing complaints of pain, it is noted that the injured employee is not working. The pain level was described as 7/10. The physical examination indicates the individual to be 5'6" and 143 pounds. Progress notes prior to the assessment are essentially unchanged from the current clinical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5MG: Upheld

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 OFFICIAL DISABILITY GUIDELINES (ODG): PAIN CHAPTER UPDATED JUNE 2014

Decision rationale: The California Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine (ACOEM) guidelines do not address this

medication. This non-benzodiazepine medication is indicated for short-term relief of sleep issues. This is not to be used indefinitely or for chronic use. Therefore, while noting that the Official Disability Guidelines (ODG) supports this medication for short term use, there is no clinical indication for indefinite, long-term or chronic use. The request is not medically necessary.

CATAFLAM 50GMG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (EFFECTIVE JULY 18, 2009 NSAIDS (NON-STEROIDAL ANTI-.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, Voltaren, Cataflam, Voltaren-XR, Cambia (Diclofenac) is a nonselective NSAID not recommended for first-line use due to its increased risk profile. Evidence-based studies are available evidencing that diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a Cox 2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid diclofenac as a first-line nonsteroidal anti-inflammatory medication. There is an indication in the record that the claimant continues to use other NSAID medications. With that, there is no indication for two separate NSAIDS. The request is not medically necessary.

IBUPROFEN 800MG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (EFFECTIVE JULY 18, 2009) NSAIDS (NON-STEROIDAL ANTI-INFLAMMAT.

Decision rationale: When noting the date of injury, the age of the injured employee, the findings identified on imaging studies of a degenerative osteoarthritis in the lumbar region, according to Chronic Pain Medical Treatment Guidelines, there is a clinical indication for a non-steroidal medication to address this ordinary disease of life and unrelated clinical condition. This particular preparation has some indication for chronic low back pain and there is a clinical indication, albeit unrelated to the reported injury sustained. The request is medically necessary.