

Case Number:	CM14-0036642		
Date Assigned:	08/04/2014	Date of Injury:	01/24/2011
Decision Date:	09/12/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 61-year-old individual was reportedly injured on January 24, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note indicates that there are ongoing complaints of neck pain, headache pain, and a brachial neuritis. The physical examination was not reported in these notes. Diagnostic imaging studies were not presented. Previous treatment included medication management and surgical intervention. A request had been made for multiple medications and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up every 4-6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment,/Disability Duration Guidelines, Pain (chronic) office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As outlined in the MTUS, there is a clinical indication for followup when there are clear clinical reasons for such a repeat evaluation. However, a generic, open-ended,

unending protocol is not supported. There must be clear clinical reason for each additional assessment. Based on what is presented, this is not medically necessary.

Drug Screen: Upheld

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

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) criteria for use of opioids, page 78.

Decision rationale: As outlined in the MTUS, the parameters for repeat drug testing is to assess the presence of illegal drugs, inappropriate utilization medications, compliance with the protocols and other objective parameters. Seeing none, the clinical indication or medical necessity for this request is not supported.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Use of this medication is supported in the MTUS. However, there are specific clinical situations that must be presented to include gastroesophageal reflux disease or non-steroidal medications with associated symptomatology. A review of the data does not support the ongoing complaints. Therefore, there is no clinical indication for this medication. This is not medically necessary based on the clinical records reviewed.

Cyclobenzaprine hydrochloride 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: As outlined in the MTUS, the use of this medication is not recommended outside of a short-term course for acute flare of muscle skeletal pain. This is being prescribed for a chronic, indefinite use. This is not supported in the literature. Therefore, based on the clinical rationale presented for review, this is not medically necessary.

Ibuprofen 800mg #90: 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 noted in the MTUS, this is supported for low back pain. However, given the amount of time this medication has been employed, there is no noted efficacy in terms of a reduction of pain levels, increase in functionality or any other objective from her noting the efficacy and utility of this medication. As such, based on the limited clinical information presented, this is not medically necessary.

Ambien 10mg #30: Upheld

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

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

Decision rationale: This medication is not covered under the MTUS or the ACOEM guidelines. The parameters noted in the ODG were employed. This medication is indicated for the short-term treatment of insomnia. There is no clinical indication presented for indefinite chronic use. As such, the medical necessity for this medication has not been established.

Norco 10/325mg #90: Upheld

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

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

Decision rationale: As outlined in the MTUS, this medication is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The lowest possible dose should be used. Furthermore, there needs to be a discussion relative to the efficacy of the medication in terms of decreased symptomatology or increased functionality. Seeing none, there is no clear clinical evidence presented to support the medical necessity of the ongoing use of this medication. Therefore, this request is not medically necessary.

Hydrocodone/APAP 7.5/500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

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

Decision rationale: As outlined in the MTUS, this medication is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The lowest possible dose should be used. Furthermore, there needs to be a discussion relative to the efficacy of the medication in terms of decreased symptomatology or increased functionality. Seeing none, there is no clear clinical evidence presented to support the medical necessity of the ongoing use of this medication. Therefore, this request is not medically necessary.

Menthoderm gel #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: Mentoderm gel is a topical analgesic with the active ingredient methyl salicylate and menthol. MTUS treatment guidelines support methyl salicylate over placebo in chronic pain; however, there is no evidence-based recommendation or support for Menthol. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended." Mentoderm is not classified as an anti-inflammatory drug, muscle relaxant or neuropathic agent. As such, this request is not considered medically necessary.

Terocin Pain Patch #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. The MTUS notes that the use of topical medications is "largely experimental" and there have been "few randomized controlled trials." It further goes on to note that "topical lidocaine is a secondary option when trials of anti-epileptic drugs or antidepressants have failed." Based on the clinical documentation provided, the claimant has not attempted a trial of either of these classes of medications. MTUS guidelines state that, "when a single component of the compounded medication is not indicated, the entire medication is not indicated." As such, this request is considered not medically necessary.

Acupuncture 2 x 4 visits for pain control in the Cervical and Lumbar spine, left shoulder, bilateral wrists and bilateral knees.: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: MTUS guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, date of injury, clinical presentation, and the lack of documentation of conservative treatments or an on-going physical rehabilitation program, there is insufficient clinical data provided to support additional acupuncture; therefore, this request is not considered medically necessary.