

Case Number:	CM14-0037892		
Date Assigned:	07/28/2014	Date of Injury:	03/24/2013
Decision Date:	08/28/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/31/2014

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 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 45-year-old male was reportedly injured on March 24, 2013. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated February 19, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion, a tenderness to palpation and evidence of some muscle spasm, and the lower extremity deep tendon reflexes were intact and equal bilaterally. Diagnostic imaging studies objectified ordinary disease of life degenerative changes. Electro diagnostic studies noted no evidence of a radiculopathy or entrapment neuropathy. Previous treatment included multiple medications, acupuncture, physical therapy, and a home protocol. A request was made for multiple medications and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium tablets 550mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 & 73.

Decision rationale: When noting the date of injury, the mechanism of injury, the ongoing complaints, and the lack of any noted efficacy or utility with this medication, there is no clinical data presented to support the continued use of this preparation. The MTUS notes that Naprosyn is an option, as this is a non-steroidal anti-inflammatory medication. But again, one notes there is no evidence of relief of the signs and symptoms of the pathology and the efficacy is not noted. Therefore, Naproxen sodium tablets 550mg #120 are not medical necessary.

Cyclobenzaprine Hydrochloride tablets 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Muscle Relaxants.

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

Decision rationale: As outlined in the MTUS, this medication is recommended for short course of therapy. There is no clinical indication for this medication to be used chronically, indefinitely and routinely. Furthermore, the physical examination reported there was no noted muscle spasm or tenderness to palpation. Therefore, the clinical indication for this medication has not been established in the progress notes reviewed. Request for Cyclobenzaprine Hydrochloride tablets 7.5mg #120 are not medically necessary.

Ondansetron ODT tablets 8 mg #60: 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.

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: It was noted that this medication is not addressed in the MTUS. As noted in the ODG, this medication is approved for treatment of nausea and vomiting. Based on the progress notes presented for review, neither of these complaints is identified. As such, there is no clinical indication to treat the symptomatology. Therefore, Ondansetron ODT tablets 8mg #60 are not medically necessary.

Omeprazole delayed release capsules 20mg #120: Upheld

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

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

Decision rationale: This is a proton pump inhibitor use for individuals with gastroesophageal reflux disease or can be used as a protectorant for those taking non-steroidal medications. As noted above, there is no clinical indication for the continued use of non-steroidal medications. Additionally, there are no complaints associated with gastritis, gastroesophageal reflux disease or any other alimentary canal disorder that require such a preparation. As such, based on the records for review, Omeprazole delayed release capsules 20mg #120 are not medically necessary.

Tramadol Hydrochloride ER 150mg #90: Upheld

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

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

Decision rationale: When considering the date of injury, the mechanism of injury, the findings on physical examination and by the lack of any significant pathology on plain films, enhanced imaging studies or electrodiagnostic studies, there are no specific pain generators that would require the synthetic opioid analgesic. Therefore, based on the parameters noted in the MTUS, there is no clinical indication for this medication as the pain complaints continued in the face of no pathology and there is no relative efficacy. Tramadol Hydrochloride ER 150mg #90 is considered not medically necessary.

Terocin Patch #30: 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: This is a topical compounded preparation containing Methyl Salicylate, Capsaicin, Menthol and Lidocaine. As noted in the MTUS, when one component of the topical compounded preparations is not indicated, the entire preparation is not indicated. There is no objective data presented (the electro diagnostic study was clear that there is a radiculopathy) to suggest that there is a neuropathic lesion. Therefore, there is no clinical indication for a Lidocaine preparation. The request for Terocin Patch #30 is not medically necessary.