

Case Number:	CM14-0039219		
Date Assigned:	06/27/2014	Date of Injury:	02/23/1999
Decision Date:	09/11/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 51-year-old male who reported an injury on 02/23/1999 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to multiple body parts and ultimately developed chronic pain syndrome. The injured worker was evaluated on 09/27/2013. The physical findings included tenderness to palpation over the left scapula with visible spasming of the left lateral latissimus dorsi. The injured worker reported trigger pain in her left upper back. The injured worker's medications included Voltaren topical gel, Claritin, Topamax, Sumatriptan, Treximet, Skelaxin, Cymbalta, Tizanidine, Lunesta, Gabapentin, Neurontin, Norco, Celebrex, and Tramadol. It was noted that the injured worker did not have any change in severity or quality of headaches. The injured worker's treatment plan included a continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request of Treximet DOS 10/29/13: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/treximet-drug/indications-dosage.htm>.

Decision rationale: The requested retrospective request of Treximet date of service 10/29/2013 is not medically necessary or appropriate. The clinical documentation did not include an evaluation from the requested date of service. The Official Disability Guidelines and California Medical Treatment Utilization Schedule do not specifically address this medication. An online resource, RxList.com (an internet drug index), indicated that this medication is used in the treatment of acute migraine attacks. However, as there is no documentation from the requested date of service, the appropriateness of this medication cannot be determined. As such, the retrospective request of Treximet date of service 10/29/2013 is not medically necessary or appropriate.

Retrospective request of Topiramate DOS 10/29/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics, page(s) 16 Page(s): 16.

Decision rationale: The retrospective request of Topiramate for date of service 10/29/2013 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of anticonvulsants be supported by documentation of at least 30% symptom relief with documented functional improvement. However, as there was no clinical documentation submitted for the requested date of service, the appropriateness of this medication cannot be determined. As such, the retrospective request of Topiramate date of service 10/29/2013 is not medically necessary or appropriate.

Retrospective request of Tramadol HCL DOS 10/23/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The requested Tramadol HCl date of service 10/23/2013 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opiates be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review did not include any documentation from the requested date of service. Therefore, the appropriateness of this medication cannot be determined. As such, the retrospective request for Tramadol HCl date of service 10/23/2013 is not medically necessary or appropriate.

Retrospective request of Cymbalta DOS 10/29/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants, page(s) 13 Page(s): 13.

Decision rationale: The requested Cymbalta date of service 10/29/2013 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend antidepressants as a first line medication in the management of chronic pain. However, as there was no documentation submitted from the requested date of service, the appropriateness of this medication cannot be determined. As such, the requested Cymbalta date of service 10/29/2013 is not medically necessary or appropriate.

Retrospective request of Gabapentin DOS 10/21/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics, page(s) 16 Page(s): 16.

Decision rationale: The retrospective request of Gabapentin date of service 10/21/2013 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of antiepileptics be supported by a documentation of at least 30% pain relief with documented functional benefit. The clinical documentation submitted for review did not contain any documentation from the requested date of service. Therefore, the appropriateness of this medication cannot be determined. As such, the retrospective request of Gabapentin date of service 10/21/2013 is not medically necessary or appropriate.

Retrospective request of Hydrocodone/Acetaminophen DOS: 10/21/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The retrospective request of Hydrocodone/Acetaminophen date of service 10/21/2013 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opiates be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review did not include any documentation from the requested date of service. Therefore, the appropriateness of this medication cannot be determined. As such, the retrospective request for Hydrocodone/Acetaminophen date of service 10/21/2013 is not medically necessary or appropriate.

Retrospective request of Skelaxin DOS: 10/29/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page(s) 63 Page(s): 63.

Decision rationale: The requested Skelaxin date of service 10/29/2013 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends muscle relaxants for acute exacerbations of chronic pain not to exceed duration of treatment of approximately 2 to 3 weeks. However, the clinical documentation submitted for review did not provide any documentation from the requested date of service. Therefore, the appropriateness of this medication cannot be determined. As such, the requested Skelaxin date of service 10/29/2013 is not medically necessary or appropriate.