

Case Number:	CM14-0039715		
Date Assigned:	06/27/2014	Date of Injury:	07/31/2013
Decision Date:	08/14/2014	UR Denial Date:	03/23/2014
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 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 57 year-old female was reportedly injured on July 30, 2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated March 30 1014, indicates that there are ongoing complaints of low back pain and pain involving both lower extremities. Also noted, there was left sided trapezial area neck pain. The physical examination demonstrated a 5'7, 175 pound individual who is borderline hypertensive (130/94) and noted to be in no acute distress. There is some tenderness to palpation in the cervical noted. The upper extremity examination noted a full range of motion, motor was 5/5 throughout both upper extremities and sensory was intact. Diagnostic imaging studies (MRI, EMG/NCV) are reported not to have been completed. Previous treatment includes an emergency room evaluation, plain films, medications, and physical therapy. A request had been made for the medication Norco and was not certified in the pre-authorization process on March 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: As outlined in the Chronic Pain Medical Treatment Guidelines, this medication is indicated for the short-term use of breakthrough pain addressing moderate to severe complaints. This is an individual with a slip and fall type injury, well after the date of injury noted headache complaints, neck complaints of low back complaints and there is some concern on the part of the enemy provider that the complaints are not consistent with the reported mechanism of injury and initial clinical evaluation. Furthermore, when noting the relatively innocuous physical examination (any non-anatomic pain diagram) findings there is no objectification of any significant pathology causing the need for pain medication. Therefore, when considering the date of injury, the mechanism of injury, and the actual injury sustained, the medical necessity for this preparation has not been established. The request for Norco 5/325mg #60 is not medically necessary.

Celebrex 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation ODG, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 67-68.

Decision rationale: When noting the date of injury, the injury sustained, the current complaints, the physical examination findings and the lack of any objectification of any inflammatory process that would respond to such a medication, there is no indication for such a medication. When considering the parameters outlined in the Chronic Pain Medical Treatment Guidelines, the request is not medically necessary.

Nexium 40mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 67-68.

Decision rationale: When noting the injury sustained, that there is no medical necessity for non-steroidal anti-inflammatory medications, and the lack of any gastrointestinal complaints, there is no evidence of a gastritis. As such, the need for a protein pump inhibitor has not been established and the medical necessity cannot be ascertained from the records reviewed. With this information, the request is not medically necessary.