

Case Number:	CM14-0040999		
Date Assigned:	06/30/2014	Date of Injury:	02/24/2010
Decision Date:	08/20/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/08/2014

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 injured worker is a 59 year-old male who was reportedly injured on February 24, 2010. The mechanism of injury is noted as a motorized vehicle accident involving a forklift. The most recent progress note dated April 22, 2014, indicates that there are ongoing complaints of neck pain. The physical examination demonstrated a 6 foot, 182 pound individual who is borderline hypertensive (138/84) in no acute distress. A loss of cervical lordotic curve is noted, there is tenderness to palpation of the posterior cervical spine and tenderness over the lumbar region. Deep tendon reflexes are 2+ intact; a normal gait pattern is noted with no motor function loss. Diagnostic imaging studies objectified the well-healed cervical fusion mass and electrodiagnostic studies are reported to be normal. Previous treatment includes epidural steroid injection, cervical fusion surgery, intra-articular left shoulder injection, rotator cuff repair (March 26, 2014), physical therapy, massage therapy and multiple medications. A request was made for multiple medications and was not certified in the pre-authorization process on March 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspirone 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability GuidelinesACOEM 2010 revision.

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: As outlined in the Official Disability Guidelines this medication is recommended for selected patients. However, the criteria for selection are particularly specific. The progress notes presented for review do not address each of the characteristics required for utilization of this medication. Therefore, based on the incomplete clinical information presented for review the medical necessity for Buspirone 10mg # 90 has not be established and is medically unnecessary.

Motrin 800mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability GuidelinesACOEM 2010 revision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22.

Decision rationale: This medication requested is noted to be a nonselective, non-steroidal preparation and has some indication for chronic low back pain. Therefore, when noting the multiple surgeries completed, depending surgeries, the lack of any noted efficacy or utility; the medical necessity for the ongoing uses preparation has not been established in the progress notes presented for review. Therefore, the request for Motrin 800mg #90 is not medically necessary.

Abilify 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 GuidelinesACOEM 2010 revision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness chapter updated June, 2014.

Decision rationale: As outlined in the Official Disability Guidelines, this is not recommended as a first-line treatment or an antipsychotic or schizophrenic clinical situation. There is nothing in the progress notes that describe a mental health disorder. Therefore, based on the limited clinical information presented for review the request for Abilify is not medically necessary and appropriate.

Lexapro 200mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability GuidelinesACOEM 2010 revision.

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: This is an anti-anxiety preparation. As outlined in the Official Disability Guidelines (ODG) state such medications can be used in controlling anxiety and can be a significant component of the treatment of a chronic pain situation. However, the clinical indications should have been described, the efficacy or utility of the utilization of medication should be outlined and none is noted. Seeing none, one cannot establish the medical necessity for the ongoing use of Lexapro 200mg #60. Therefore the request for Lexapro is not medically necessary and appropriate.

Percocet 10/325 #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability GuidelinesACOEM 2010 revision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75.

Decision rationale: When noting the injury sustained, the current pathology, the recent surgical interventions and the pending surgical interventions there appears to be a clinical indication for an analgesic preparation. Therefore, the request for Percocet 10/325mg # 60 is medically necessary and appropriate.

Gralise 600mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability GuidelinesACOEM 2010 revision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-20, 49.

Decision rationale: Gabapentin is considered a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on exam or subjectively. As such, without any evidence of neuropathic type pain the request for Gabapentin 600mg #90 is not medically necessary and appropriate.