MAXIMUS Federal Services

Case Number:	CM14-0042730		
Date Assigned:	06/30/2014	Date of Injury:	06/26/2012
Decision Date:	08/20/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/09/2014

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 42-year-old female who was reportedly injured on June 26, 2012. The mechanism of injury was reported as a lifting type event. The most recent progress note dated January 29, 2014, indicated that there were ongoing complaints of neck and back pains. The pain was noted to be "most severe," and there was radiation into the left upper extremity. Surgical intervention into the cervical spine has been authorized and is to be pursued in mid-March 2014. The physical examination demonstrated a normal reflex, sensory and motor function of the bilateral upper and bilateral lower extremities. There were some sensory changes noted in the C6 distribution. Straight leg raise was noted to be negative bilaterally, and there was a normal gait pattern. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications, physical therapy, chiropractic care and psychological evaluations. A request had been made for multiple medications and was not certified in the pre-authorization process on March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg qty: 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ondansetron (Zofran(r)).

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 approved for treatment of nausea and vomiting. The last progress notes (from several months) do not indicate any complaints of nausea or vomiting being present. Therefore, there is no clinical indication to establish the medical necessity of this medication.

Percocet 10/325 qty: 100: 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): 75.

Decision rationale: When noting the date of injury, the injury sustained, the presenting complaints and by the parameters outlined in the California Medical Treatment Utilization Schedule this is a relatively short acting narcotic analgesic. Based on the severity of the pain complaints, there was no clear clinical indication that the use of this medication has demonstrated any efficacy or utility. As such, based on the clinical information presented, there is no medical necessity.

Lidoderm 5% patch qty: 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): 56.

Decision rationale: It is clear there were soft tissue injuries to the cervical and lumbar spine. Furthermore, there was an inference that the pathology of the cervical spine may require surgical intervention. However, what is not noted is objective occasion of a neuropathic lesion that would be amenable to such a medication. As noted in the California Medical Treatment Utilization Schedule, this medication is indicated for treatment of post-herpetic neuralgia or chronic neuropathic pain. In that there is no objectification that other lesion exists, the medical necessity for this patch has not been established.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening for risk of addiction (tests); steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78.

Decision rationale: As outlined in the criteria for the use of opioids, drug screening can be appropriate tool and that there is a question of inappropriate drug use, misuse of drugs, drug escalation, drug diversion or illicit substances. Given the past progress notes, there was no clinical indication that these parameters. Therefore, the routine screening is not medically necessary.