MAXIMUS Federal Services

Case Number:	CM14-0044194		
Date Assigned:	06/20/2014	Date of Injury:	04/09/2008
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/18/2014

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 61-year-old female injured on April 9, 2008. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 3, 2014, indicated that there were ongoing complaints of low back and leg pain, neck pain, and left shoulder pains. The physical examination demonstrated a 5'1", 155 pound individual who is normotensive, has tenderness to palpation, decreased range of motion of the cervical and lumbar spine and normal motor and sensory examination. Diagnostic imaging studies reportedly noted degenerative disc disease at L4-L5, L5-S1 and facet hypertrophy throughout the lumbar spine ligamentum flavum hypertrophy. Previous treatment included cervical median branch radiofrequency neurotomy, multiple medications, physical therapy and facet blocks. A request had been made for the medication Pristiq and was not certified in the pre-authorization process on March 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg 1 tablet every morning count #15 for weaning.: 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 107 OF 127.

Decision rationale: This is an antidepressant medication in the SSRI category. This is not recommended as treatment for chronic pain; however, can be used in the treatment of a secondary depression. The progress notes over the last year did not discuss that there was a noted depression or the treatment was required. Furthermore, the progress notes do not indicate why this medication was being utilized. Therefore, secondary to the complete lack of clinical information, there is no medical necessity established for the request.

Dexilant DR 30mg take 1 twice daily count #60: 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 OF 127.

Decision rationale: This medication is a proton pump inhibitor. The clinical indication is for those with gastric distress or GERD. The progress notes indicate complaints of neck pain and low back pain, but there is no symptomatology relative to gastric distress. Therefore, there is insufficient medical evidence to support request for dexilant, and medical necessity cannot be established.

Lidocaine 5% Ointment Apply to Affected Body Part 2-3 Times Oer Day PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 56 OF 127.

Decision rationale: The injured worker has had long-term complaints of a soft tissue myofascial strain type injury involving the cervical spine and lumbar spine. It was also noted there are ordinary disease of life degenerative changes in the facet joints and intra-articular spaces that the pain generates. Given the amount of time, that this pain complaint was in place, noting that there was no noted efficacy or utility in terms of amelioration of symptomology, there was no clear clinical indication presented for the ongoing use of this preparation. Accordingly, the request is not medically necessary.