

Case Number:	CM14-0044249		
Date Assigned:	07/02/2014	Date of Injury:	01/26/2014
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/11/2014

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 21 year old male was reportedly injured on 1/26/2014. The mechanism of injury was a fall from six to eight feet. The most recent progress note, dated 6/25/2014, was handwritten and indicated that there were ongoing complaints of neck pain and low back pain with radiation into the extremities. The physical examination demonstrated positive paraspinal muscle tenderness, positive straight leg raise (SLR), positive Spurling's test, and positive hip tenderness. Plain radiographs of the right ribs, left hand/forearm and lumbar spine, dated 1/27/2014, showed no evidence of fracture. Previous treatment included physical therapy and medications to include: Mobic, Motrin, Neurontin, and Flexeril. A request was made for Mobic 7.5 milligrams, Neurontin 600 milligrams, Omeprazole, and Flexeril 5 milligrams between 3/19/2014 and 5/25/2014 in a utilization review on 4/2/2014. Modified certifications were given for Mobic #30, Neurontin #90 and Flexeril #90. Omeprazole was conditionally non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Mobic 7.5mg.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: NSAIDS (anti-inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 72.

Decision rationale: Meloxicam (Mobic) is a non-steroidal anti-inflammatory medication, which has an indication for chronic low back pain. When noting the claimant's diagnosis and signs/symptoms, there was a clinical indication for the use of this medication as noted in the Medical Treatment Utilization Schedule (MTUS) Guidelines. This request was recommended in utilization review on 4/2/2014. This request is considered medically necessary.

One prescription for Neurontin 600mg: Overturned

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): 16-20, 49.

Decision rationale: Medication Treatment Utilization Schedule (MTUS) guidelines support Gabapentin (neurontin) as first line treatment for neuropathic pain. Based on the clinical documentation provided, there was evidence of radicular pain on examination. This request was recommended in a utilization review on 4/2/2014. This request is considered medically necessary.

Prescription for Omeprazole.: 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. MTUS (Effective July 18, 2009) Page(s): 68.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Guidelines recommend proton pump inhibitors for patients taking nonsteroidal anti-inflammatory drugs (NSAIDs) with documented gastrointestinal (GI) distress symptoms, which are not documented in this patient's available for review. The medical necessity for a GI protective medication has not been established in the records. As such, this request is not considered medically necessary.

One prescription for Flexeril 5mg.: 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 Chronic Pain, Medical Treatment Guidelines, 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support Flexeril (cyclobenzaprine) for the short-term (up to 2-3 weeks) treatment of back pain. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request. Therefore, this request is not considered medically necessary.