

Case Number:	CM14-0046333		
Date Assigned:	07/02/2014	Date of Injury:	11/18/2009
Decision Date:	08/22/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/14/2014

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 53 year-old individual was reportedly injured on November 18, 2009. The mechanism of injury is noted as an upper extremity torque type event. The most recent progress note, dated May 14, 2014, indicates that there are ongoing complaints of left upper extremity pain. The physical examination demonstrated a well-developed, well-nourished individual in no acute distress. There is a decrease of motion in the lumbar spine. Diagnostic imaging studies were not reported. Previous treatment includes H-wave, ultrasound, light therapy, left elbow surgery and postoperative rehabilitation. A request had been made for multiple medications and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg. three (3) times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: As outlined in the guidelines, the indication for this medication is a painful diabetic neuropathy or post-herpetic neuralgia. Neither malady exists. There is a noted history of a ruptured biceps tendon, a surgically treated lateral epicondylitis; however there is no clinical indication of a neuropathic lesion, nerve root compromise, disc herniation that would support the use of this medication. Therefore, based in the clinical fracture presented for review the medical necessity for continued uses preparation has not been established.

Duexis 800/26.6 mg. three (3) times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs),GI symptoms and cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 70.

Decision rationale: The California MTUS guidelines do not specifically address the medication Duexis (Ibuprofen/Famotidine); however, non-steroidal anti-inflammatories are considered traditional first-line of treatment to reduce pain and inflammation to increase function. GI side effects and adverse events associated with NSAIDs can be decreased with H-2 receptor antagonist; however, a search for an article and/or study to support the request has failed to document increased efficiency of Duexis when compared to taking both Ibuprofen and Famotidine as separate tablets. Therefore, based on the clinical information presented for review there is no clinical information presented to support the medical necessity of this medication. This request is not medically necessary.

Vicodin 7.5/300 three (3) times a day #90: 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): 74-78.

Decision rationale: This is a short acting opioid indicated for the short-term management of moderate to severe breakthrough pain. Based on the clinical information presented for review, there is no objectification presented of a chronic pain syndrome that requires 3 times a day medication. As such, the medical necessity for this medication has not been established.

Chemistry Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standard Textbooks of Medicine (eg. Harrison, Washington Manual of Medical Therapeutics).

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: It is noted that neither the MTUS nor ACOEM guidelines address routine laboratory studies. As outlined in the ODG, Laboratory monitoring is indicated if there is a recommendation or findings of physical examination would suggest it. Not seeing evidence in physical examination of the necessity of this panel, the clinical indication for this laboratory study is not been established. Therefore, this request is not medically necessary.