

Case Number:	CM14-0047666		
Date Assigned:	08/06/2014	Date of Injury:	07/19/2013
Decision Date:	09/12/2014	UR Denial Date:	04/08/2014
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 injured worker is a 49-year-old female who was reportedly injured on July 19, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated July 15, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a reported tenderness to palpation of the lumbar spine, a decrease in lumbar spine range of motion and equivocal straight leg raising at 85 bilaterally. Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications, physical therapy, and work modification. A request was made for multiple medications and was not certified in the pre-authorization process on April 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #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): 66, 73.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this medication is an option for the relief of signs and symptoms of osteoarthritis. It is noted that

there is an impingement syndrome the bilateral shoulders; however, there is no indication that this medication is having any efficacy in ameliorating the symptomatology. Therefore, when combining the clinical data presented in the progress notes reviewed and the parameters outlined in the California Medical Treatment Utilization Schedule, the medical necessity for this non-steroidal is not medically necessary.

Omeprazole 20mg #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.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, this is a proton pump inhibitor recommended to address this as taking non-steroidal medications with documented gastrointestinal distress symptom. The progress notes presented for review do not identify any complaints relative to the gastrointestinal system. Furthermore, it is noted that continue use of the the non-steroidal medication is not clinically indicated. Therefore, when combining the parameters noted on the progress notes presented for review as well as the issues identified in the California Medical Treatment Utilization Schedule, there is no medical necessity established in the utilization of this medication.

Tramadol 150mg #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): 82, 113.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, tramadol is a centrally acting synthetic opioid analgesic and not recommended as a first-line drug. Furthermore, continued use requires objectification of pain relief, and neuropathic lesion. When noting that the guidelines support use of this medication, and that there is evidence of failure of a first-line option, and that there are indications of success relative to the same pain complaints, return to work, and overall efficacy and seeing them presented in the progress notes presented for review, the medical necessity for continued use of this medication is not medically necessary.

Norco 10/325mg #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): 74-78.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this medication is indicated for the short-term management of moderate to severe breakthrough pain. No specific lesion, that is being addressed as a medication, is noted in the progress notes reviewed. Furthermore, there is no clinical indication for an indefinite or chronic use of this medication based on the physical examination reported. It is noted arthroscopic surgery for the bilateral shoulder arthritis is being discussed. While it clearly is not addressing the sequelae of the compensable event, the progress notes do not establish the medical necessity for the use of this medication.

Terocin 240ml, Capsaicin 0.25%, Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5% fluribi cream180gm: 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): 74-78.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule Guidelines, use of these types of topical analgesics are "largely primitive" and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended." In this case, when noting the diagnoses of a lumbar disc lesion and bilateral impingement syndrome and that this medication includes capsaicin and methyl salicylate, there is no clinical indication for these preparations to address this pathology. Therefore the request is not medically necessary.

Genicin #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation No guidelines.

Decision rationale: This medication is a Topical Glucosamine type product labeling as a medical food. This nutritional supplement is not supported in the Official Disability Guidelines (American College of Occupational and Environmental Medicine and California Medical Treatment Utilization Schedule do not address). Therefore the request is not medically necessary.

Somnicin #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation No guidelines.

Decision rationale: This medication is a topical glucosamine type product labeling as a medical food. This nutritional supplement is not supported in the Official Disability Guidelines (American College of Occupational and Environmental Medicine and California Medical Treatment Utilization Schedule do not address). Therefore the request is not medically necessary.

Laxacin #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 a medication outlined to address constipation. The progress notes did not identify that this is an issue with this injured employee. Therefore the request is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #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): Muscle relaxants Page(s): 41, 64.

Decision rationale: When noting the date of injury sustained, the diagnoses rendered (impingement syndrome and lumbar sprain) and by the parameters outlined in the California Medical Treatment Utilization Schedule, this medication is not medically necessary. Flexeril, as an option, is a short course of therapy, and there is no indication for chronic or indefinite use of this medication. Furthermore, there is no objectified efficacy or utility with the utilization of this medication. Therefore, the request is not medically necessary.