

Case Number:	CM14-0049043		
Date Assigned:	06/25/2014	Date of Injury:	08/20/2008
Decision Date:	08/14/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/26/2014

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 who was reportedly injured on August 20, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 11, 2014, indicated that there were ongoing complaints of poor sleep hygiene, ongoing complaints of pain (somewhat decreased) and no change in the activities of daily living. The physical examination demonstrated a 5 foot, 167 pound individual who appeared to be careful. A cervical spine range of motion assessment noted a decreased range of motion, and Spurling's maneuver caused pain. Diagnostic imaging studies objectified an intact cervical fusion from C3-C7. Previous treatment included a cervical fusion and multiple medications. A request was made for multiple medications and was not certified in the pre-authorization process on March 20 1014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(60) Tablets of Trazodone 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 122.

Decision rationale: While noting that this medication is an antidepressant and that the injured employee appeared to be emotionally labile, there was no discussion as to the efficacy or utility of the ongoing use of this medication. As outlined in the progress notes, the clinical situation was unchanged. The quality of sleep was only fair. There was no improvement in activity levels or functionality. Therefore, a lack of objectification of the effectiveness of this medication does not indicate any medical necessity for the ongoing use of this preparation. Given the above the request is not medically necessary.

(60) Tablets of Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines :9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: This is a short acting opioid combined with acetaminophen to address the short-term management of moderate to severe pain. This medication has been deployed for quite some time, and there was no objectified improvement in the pain symptomatology, overall functionality or improvement in the clinical situation. As such, there was no data to suggest any efficacy, utility or clinical indication for the continued use of this preparation. The medical necessity has not been established in the progress notes presented for review. Given the above the request is not medically necessary.

(30) Tablets of Lexapro 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors (SSRIs).

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: When noting the date of injury, the injury sustained, treatment rendered, the current findings offered and physical examination and by the chronic pain situation and taking into consideration the parameters outlined in the ODG, there is a medical necessity for this medication. Therefore, I am overriding the previous determination, suggesting, that the data now presented, fairly indicates the need for this medication. Give the above the request is medically necessary.

(30) Patches of Lidoderm 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: This medication is for localized peripheral pain. There was no evidence of an ongoing neuropathic lesion as a cervical fusion was noted well-healed. Therefore, based on the clinical data presented, the medical necessity for this topical patch is not presented. Give the above the request is not medically necessary.