

Case Number:	CM14-0050317		
Date Assigned:	08/08/2014	Date of Injury:	08/06/2007
Decision Date:	10/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/24/2014

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 68 year-old male was reportedly injured on August 6, 2007. The mechanism of injury is noted as a blunt force trauma. The most recent progress note, dated January 23, 2014, indicates that there were ongoing complaints of neck and low back pain with no interval change. The physical examination demonstrated a 5'11", 157 pound individual in no acute distress. There were muscle spasms noted in lumbar spine, a decrease in range of motion, and tenderness to palpation lower lumbar region. The cervical scar is healed, and no motor or sensory losses are identified. Diagnostic imaging studies were not reported. Previous treatment includes cervical spine fusion surgery, physical therapy, multiple medications, electrodiagnostic assessment, and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request of Prilosec (Dosage Unknown), QTY: 60, DOS 1/23/14: 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 Page(s): Page.

Decision rationale: This medication is a protein pump inhibitor useful for the treatment gastroesophageal reflux disease. Prilosec is also uses a gastric protectorate for those individuals utilizing non-steroidal anti-inflammatory medications. However, there are no noted complaints of gastrointestinal distress, gastritis, or any other negative sequelae of the use of those medications. As such, there is insufficient clinical information presented to support the continued use of this medication. There for this request is not medically necessary.

Retrospective Request of Norco (Dosage Unknown), QTY: 60, DOS 1/23/14: 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 Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain however; there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.

Retrospective Request of Colace (Dosage Unknown), QTY: 60, DOS 1/23/14: 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 Page(s): 77.

Decision rationale: Colace (Ducosate) is a stool softener, useful for the treatment of constipation. There is no clinical indication for this medication for this claimant. There is documentation of narcotic usage; however, there is no documentation of constipation side effects. Colace is available as a generic formulation and it is also available as an over the counter product without a prescription. This medication is not medically necessary.

Retrospective Request of Genocin (Dosage Unknown), QTY: 60, DOS 1/23/14: 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 Page(s): 111-112.

Decision rationale: The MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation that this medication has demonstrated any efficacy or utility and the multiple progress of reviewed. As such, this request is not considered medically necessary.

Retrospective Request of Ativan (Dosage Unknown), QTY: 60, DOS 1/23/14: 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 Page(s): Page 24.

Decision rationale: Ativan (Lorazepam) is a benzodiazepine that is not recommended for long-term use because of unproven long-term efficacy and significant risk of psychological and physical dependence or addiction. The use of this medication is limited to 4 weeks. When noting that the use of this medication is ongoing, that there is no clinical indication of any efficacy or utility or functional improvement and that there is no support for long-term use, this medication is not recommended for long-term use. As such, this request is not considered medically necessary.

Retrospective Request of Capsaicin Cream (Dosage Unknown), QTY: 1, DOS 1/23/14: 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 Page(s): Page 112-113.

Decision rationale: The MTUS supports the use of capsaicin for individuals who are intolerant to other treatments for the management of the below noted conditions. Based on the clinical documentation provided, the claimant fails to meet criteria as outlined by the MTUS. Furthermore, there is no competent, objective, and independently confirmable medical evidence presented to suggest any efficacy or utility with use preparation. As such, the request is considered not medically necessary.