

Case Number:	CM14-0050777		
Date Assigned:	08/08/2014	Date of Injury:	02/04/1998
Decision Date:	09/11/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/16/2014

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 67 year-old individual was reportedly injured on February 4, 1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 31, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a well-developed, well-nourished gentleman in no acute distress and is noted to be normotensive (132/78) and is tenderness and muscle spasms noted in the lower lumbar region. A decrease in lumbar spine range of motion is reported. Motor function is 5/5 and sensory is intact. Diagnostic imaging studies objectified multiple level degenerative changes throughout the lower lumbar spine, postoperative changes at L4-S1, and specifically to. Previous treatment includes multiple sessions of physical therapy, multiple medications, and pain management interventions. A request had been 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:

Sprix nasal spray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.sprix.com/ketorolactromethamine>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: This medication is a nasal spray of the medication ketorolac, a non-steroidal anti-inflammatory preparation. As outlined in the MTUS, this medication is not supported either orally or intramuscularly. Furthermore, when noting the increased risk of just potential side effects, this profile limited in overall efficacy. Lastly, there is no noted utility with this medication based on the physical examination reported. As such, this is not medically necessary.

Theramine: 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: The parameters noted in the ODG are used. As such, this is a medical food that is not recommended. There is no evidence-based medical literature to support this medical food; there is no high quality peer-reviewed data to suggest that this preparation is clinically indicated. Therefore, the medical necessity is not been established.

Sentra AM: 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: The parameters noted in the ODG are used. As such, this is a medical food that is not recommended. There is no evidence-based medical literature to support this medical food; there is no high quality peer-reviewed data to suggest that this preparation is clinically indicated. Therefore, the medical necessity is not been established.

Sentra PM: 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: The parameters noted in the ODG are used. As such, this is a medical food that is not recommended. There is no evidence-based medical literature to support this medical

food; there is no high quality peer-reviewed data to suggest that this preparation is clinically indicated. Therefore, the medical necessity is not been established.

Norco 10/325mg #60 and 3 refills: 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, 88, 91.

Decision rationale: When considering the date of injury, noting the injury sustained, tempered by the physical examination findings; combining in the parameters noted in the MTUS there is insufficient clinical data presented to establish the medical necessity of this medication. This medication is indicated for the short-term management of moderate to severe breakthrough pain. It is noted that this medication is used chronic, indefinitely and there is no indication that there is any noted efficacy or utility in terms of increased functionality, return to work or any other objective parameter. As such, the medical necessity has not been established.

Soma 350mg #60 and 3 refills: 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 Carisoprodol Page(s): 29.

Decision rationale: As outlined in the MTUS, this medication is "not recommended." Furthermore, this medication is specifically not recommended for long-term use. Based on the clinical documentation presented there is no noted efficacy or utility as there has not been any improvement in the muscle spasms which are still present physical examination. Furthermore, the provider does not outline why this medication should be continued in terms of providing a rationale for deviation the guidelines. As such, this is not medically necessary.

Urinalysis toxicology test retro: 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 criteria for use of opioids Page(s): 78/127.

Decision rationale: The guidelines do support the use of urine drug screening as part of an ongoing chronic opioid management protocol. However, there needs to be noted if there are any indicators for such testing such as illicit drug use, inappropriate drug use, drug diversions, or any

indicators of an appropriate treatment plan. Seeing none, the medical necessity for this is not been established.