

Case Number:	CM14-0057000		
Date Assigned:	08/08/2014	Date of Injury:	09/18/2013
Decision Date:	09/11/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/28/2014

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 44-year-old individual was reportedly injured on September 18, 2013. The mechanism of injury is noted as a work-related motor vehicle collision. The most recent progress note, dated April 7, 2014, indicates that there are ongoing complaints of low back and hip pain (7/10). The physical examination demonstrated a full, unrestricted range of motion of the lower lumbar spine; however, there is some tenderness to palpation. The hips noted a negative Trendelenburg, negative Stinchfield, and a slight decrease to range of motion. Diagnostic imaging studies (SPECT) objectified no evidence of losing or infection around the left hip prosthesis. Previous treatment includes physical therapy, surgery, multiple medications, and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen and NSAIDs, specific drug list & adverse effects Page(s): 66 & 73 of 127.

Decision rationale: This medication is a non-steroidal anti-inflammatory drug (NSAID) used to treat the signs and symptoms of osteoarthritis. The records indicate there is a degenerative situation in the lumbar spine symptomology. It is also noted that 40 tablets (21 days'-worth) of the medication had been certified. There is no clinical indication presented that 120 tablets are medically necessary before determining the efficacy of the medication from the trial of 21 days. As such, the request for Naproxen 550mg #120 is not medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, page 41, and Muscle relaxants (for pain) - Antispasmodics - Cyclobenzaprine Page(s): 64.

Decision rationale: This medication is used for acute flare-ups and for the short-term to address musculoskeletal disorders. There are complaints of low back pain, but there is a full range of motion with some slight tenderness. As such, there is insufficient clinical evidence presented support the need for a 2 month trial of the musculoskeletal relaxant. Therefore, based on the medical records presented tempered by the parameters noted in the MTUS, this is not medically necessary.

Ondansetron ODT 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Management of Nausea.

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 medication is not outlined in the MTUS or ACOEM guidelines. The parameters noted in the ODG are referenced. This medication is indicated for the treatment of nausea and vomiting secondary to chemotherapy or radiation treatment and postoperatively. There were no complaints of nausea or vomiting and the maladies noted are not present. Therefore, based on the clinical information presented for review, there is no basis to support this medication.

Omeprazole DR 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: This medication is a proton pump inhibitor (PPI) useful in the treatment of gastroesophageal reflux disease (GERD), and it can be considered a gastric protectant in some individuals. It is noted a short course of non-steroidal medications are being dispensed; however, there are no complaints of gastritis or irritation relative to the medication. As such, there is no clinical indication to use this medication. Therefore, taking into account MTUS guidelines, this is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82.

Decision rationale: As noted in the MTUS, this is a centrally-acting synthetic opioid analgesic and not recommended as a first-line oral analgesic. In addition, other analgesic medications have been dispensed in this situation. Therefore, when noting the parameters outlined in the MTUS and that this medication is being dispensed for a protracted period, there is no clinical information presented to support the medical necessity of this product. Therefore, this request is not medically necessary.

Terocin Patches #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: This topical compounded preparation is a combination of methyl salicylate, capsaicin, menthol and lidocaine. As outlined in the MTUS, the use of topical medications is "largely experimental." Furthermore, when one component of this preparation is noted to be not medically indicated, the entire preparation is then not clinically indicated. In this case, there is no objectification of a neuropathic pain lesion that would indicate the use of topical lidocaine. Therefore, this is not medically necessary.