

Case Number:	CM14-0058750		
Date Assigned:	07/09/2014	Date of Injury:	06/11/2012
Decision Date:	09/11/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/29/2014

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 Illinois. 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 60-year-old male who reported an injury on 06/11/2012. The mechanism of injury is repetitive heavy lifting. The current diagnoses on 10/17/2002 include; right shoulder impingement syndrome, left shoulder internal derangement, lumbar sprain, right ankle fracture, left wrist fracture, insomnia, right ankle fibular fracture, ORIF of the right ankle, psychiatric issues and internal medicine issues. The injured worker was evaluated on 04/21/2014 with complaints of low back and bilateral ankle pain. The current medication regimen includes hydrocodone and Aleve. The physical examination revealed tenderness to palpation of the thoracolumbar spine, tenderness at the pelvic region, mild sacroiliac joint tenderness, limited range of motion, intact reflexes, normal motor strength in the lower extremities and intact sensation. A urine specimen was obtained and treatment recommendations included an updated MRI of the lumbar spine, Norco 10/325 mg and 2 transdermal creams. A Request for authorization was submitted on 04/21/2014 for TGHOT cream and Norco 10/325 mg #60. Authorization for a psychiatric consultation and an internal medicine consultation was requested on 04/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391-392.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. Per the documentation submitted, the injured worker does not present with any psychiatric signs or symptoms. There was no comprehensive psychological examination provided for this review. There is also no indication of an attempt at conservative management prior to a specialty referral. As the medical necessity has not been established, the request is not medically necessary.

Internal Medicine Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. Per the documentation submitted the injured worker does not present with any signs or symptoms suggestive of an acute abnormality that would warrant the need for an internal medicine consultation. As the medical necessity has not been established, the request is not medically necessary.

Norco 10/325mg QTY 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be documented. Per the documentation submitted, there is no evidence of a failure to respond to non opioid analgesics. There is also no frequency listed in the request. The request is not medically necessary.

TGHot Cream 240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. There was also no frequency or strength listed in this request. Gabapentin is not recommended for topical use; therefore, current request is not medically necessary.