

<b>Case Number:</b>	CM14-0064210		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 45 year-old individual was reportedly injured on October 17, 2011. The mechanism of injury is not listed in the records provided for review. The most recent progress note, dated November 13, 2013, indicates that maximum medical improvement had been reached and impairment rating assigned. There are ongoing complaints of constant wrist pain. The physical examination was not presented for review. Diagnostic imaging studies were not discussed. Previous treatment includes medications. A request had been made for multiple medications and other requests 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:

**Urinalysis Toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78.

**Decision rationale:** The only progress notes presented for review are from 2013. There are no current clinical information presented to support this request. Therefore, this request is not medically necessary.

**Aquatic therapy (12-sessions, 2 times per week for 6 weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** The only progress notes presented for review are from 2013. There are no current clinical information presented to support this request. Therefore, this request is not medically necessary.

**Xolido (for pain):** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The only progress notes presented for review are from 2013. There are no current clinical information presented to support this request. Therefore, this request is not medically necessary.

**Terocin:** 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 Topical Analgesics Page(s): 112.

**Decision rationale:** The only progress notes presented for review are from 2013. There are no current clinical information presented to support this request. Therefore, this request is not medically necessary.

**Flurbi (180 grams):** 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 Topical Analgesics Page(s): 112.

**Decision rationale:** The only progress notes presented for review are from 2013. There are no current clinical information presented to support this request. Therefore, this request is not medically necessary.

**Somnicin (#30):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chronic Pain; Clinical Measures; Medication; Vitamins (Electronically Cited).

**Decision rationale:** The only progress notes presented for review are from 2013. There are no current clinical information presented to support this request. Therefore, this request is not medically necessary.

**Laxacin (#100):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com website.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

**Decision rationale:** The only progress notes presented for review are from 2013. There are no current clinical information presented to support this request. Therefore, this request is not medically necessary.

**GabaCycloTram (180 grams):** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The only progress notes presented for review are from 2013. There are no current clinical information presented to support this request. Therefore, this request is not medically necessary.

**Zoloft:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors) Page(s): 13-16 & 107.

**Decision rationale:** The only progress notes presented for review are from 2013. There are no current clinical information presented to support this request. Therefore, this request is not medically necessary.

**Ativan (1mg):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The only progress notes presented for review are from 2013. There are no current clinical information presented to support this request. Therefore, this request is not medically necessary.

**Xanax (0.5mg):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The only progress notes presented for review are from 2013. There are no current clinical information presented to support this request. Therefore, this request is not medically necessary.

**Ibuprofen (800mg):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The only progress notes presented for review are from 2013. There are no current clinical information presented to support this request. Therefore, this request is not medically necessary.

**Genetic Testing (for narcotic risk): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Genetic testing for potential opioid abuse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127.

**Decision rationale:** The only progress notes presented for review are from 2013. There are no current clinical information presented to support this request. Therefore, this request is not medically necessary.

**Neurologist Consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The only progress notes presented for review are from 2013. There are no current clinical information presented to support this request. Therefore, this request is not medically necessary.

**Internist (for hypertension consultation): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The only progress notes presented for review are from 2013. There are no current clinical information presented to support this request. Therefore, this request is not medically necessary.