

Case Number:	CM14-0065351		
Date Assigned:	08/08/2014	Date of Injury:	02/27/2013
Decision Date:	09/16/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/08/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 35 year old male who sustained an injury on 02/27/13 after stepping down a ladder carrying cases of soda. The injured worker indicated the platform broke causing him to fall approximately five feet landing on his feet. The injured worker developed pain in the cervical spine radiating to the left upper extremity with associated dysthesia. Prior magnetic resonance image (MRI) of the cervical spine was generally unremarkable. MRI of the lumbar spine noted disc extrusion fragment at L5-S1 effacing the left lateral recess with neural foraminal stenosis. The injured worker underwent prior lumbar decompression at L5-S1 in 11/13 which improved his left lower extremity symptoms. Electrodiagnostic studies from 03/14 were normal. The injured worker underwent bilateral C3 and C4 medial branch blocks on 03/07/14. It was not specifically noted what the improvement obtained with the injections were. Clinical record the last clinical record for the injured worker was from physical therapist noting continuing left upper extremity paresthesia. Current medications were not specifically discussed. The requested monthly follow up visits times six Nortriptyline 10mg #30 with three refills omeprazole ER 20mg #60 with three refills Topamax 50mg #60 with three refills Voltaren 100mg with three refills Norco 5/325mg #60 with three refills cyclobenzaprine 7.5mg #90 with three refills and unspecified procedure at C3 and C4 were denied by utilization review on 04/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Follow Up x 6 visits: 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, Office Visits.

Decision rationale: In regards to the request for monthly follow up visit for six additional visits this reviewer would not have recommended this request as medically appropriate. Other than the most recent physical therapy record from 03/20/14 there were no ongoing assessments for this injured worker establishing the need for continuing follow up visits. There were no specific clinical rationale to support the continuing use of medication follow up visits and due to the paucity of recent clinical information, the request is not medically necessary.

Nortriptyline HcL 10mg #30 with 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 Antidepressants Page(s): 13-16.

Decision rationale: In regards to the request for Nortriptyline 10mg quantity 30 with three refills, this reviewer would not have recommended this request as medically appropriate. Other than the most recent physical therapy record from 03/20/14 there were no ongoing assessments for this injured worker establishing the need for this medication. There were no specific clinical rationale to support the continuing use of medications and due to the paucity of recent clinical information; therefore the request is not medically necessary.

Omeprazole Dr 20mg #60 with 3 refills: 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, proton pump inhibitors.

Decision rationale: In regards to the request for omeprazole DR 20mg quantity 60 with three refills, this reviewer would not have recommended this request as medically appropriate. Other than the most recent physical therapy record from 03/20/14 there were no ongoing assessments for this injured worker establishing the need for this medication. There were no specific clinical rationale to support the continuing use of medications and due to the paucity of recent clinical information, therefore the request is not medically necessary.

Topamax 50mg #60 with 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 Antiepileptics Page(s): 16-22.

Decision rationale: In regards to the request for Topamax 50mg quantity 60 with three refills, the request is not deemed medically necessary. Other than the most recent physical therapy record from 03/20/14 there were no ongoing assessments for this injured worker establishing the need for this medication. There were no specific clinical rationale to support the continuing use of medications and due to the paucity of recent clinical information; therefore the request is not medically necessary.

Voltaren 100mg (Quantity not Specified) with 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 NSAIDs Page(s): 67-68.

Decision rationale: In regards to the request for Voltaren 100mg with three refills, the request is not deemed medically necessary. Other than the most recent physical therapy record from 03/20/14 there were no ongoing assessments for this injured worker establishing the need for this medication. Furthermore, the request was not specific in regards to quantity or duration. There were no specific clinical rationale to support the continuing use of medications and due to the paucity of recent clinical information; therefore the request is not medically necessary.

Norco 5/325mg #60 with 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 Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Norco 5/325mg quantity 60 with three refills, the request is not deemed medically necessary. Other than the most recent physical therapy record from 03/20/14 there were no ongoing assessments for this injured worker establishing the need for this medication. There were no specific clinical rationale to support the continuing use of medications and due to the paucity of recent clinical information, the request is not medically necessary.

Cyclobenzaprine 7.5mg #90 with 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 Muscle relaxants Page(s): 63-67.

Decision rationale: In regards to the request for Cyclobenzaprine 7.5mg quantity 90 with three refills, the request is not deemed medically necessary. Other than the most recent physical therapy record from 03/20/14 there were no ongoing assessments for this injured worker establishing the need for this medication. There were no specific clinical rationale to support the continuing use of medications and due to the paucity of recent clinical information, the request is not medically necessary.

Bilateral C3, C4: 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) Neck Chapter, Facet injections.

Decision rationale: The requested unspecified procedure at C3-4 request is not deemed medically necessary. It is unclear what procedures are actually being requested at these levels. Therefore the request would not be medically appropriate.