

Case Number:	CM14-0068007		
Date Assigned:	08/08/2014	Date of Injury:	10/04/2012
Decision Date:	09/15/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 34 year old female who sustained an injury on 10/04/12 while carrying a tray of applesauce. The injured worker stepped on a floor drain injuring her right knee. No clinical reports were available for review. All information was obtained from utilization review reports. The injured worker was noted to be utilizing Omeprazole, Cyclobenzaprine and Hydrocodone. The injured worker complains of continuing knee pain with trouble standing for long periods of time. The requested medications to include Hydrocodone 10/325 milligrams quantity 60, Omeprazole 20 milligrams quantity 60, Chondrolite 50/200/150 milligrams quantity 90 and topical compounded medications including Flurbiprofen and Tramadol as well as Gabapentin, Dextromethorphan and Amitriptyline 240 grams were all denied by utilization review on 04/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for Medications: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 32.

Decision rationale: There is insufficient documentation to establish the need for this request. No clinical reports were submitted for review discussing medications, their efficacy or any indications for ongoing use. It is unclear at this point in time what benefit would be obtained with this request. Therefore, this request is not medically necessary.

Hydrocodone 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: There is insufficient documentation to establish the need for this request. No clinical reports were submitted for review discussing medications, their efficacy or any indications for ongoing use. It is unclear at this point in time what benefit would be obtained with this request. Therefore, this request is not medically necessary.

Ompersazole 20 mg #60: Upheld

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

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: There is insufficient documentation to establish the need for this request. No clinical reports were submitted for review discussing medications, their efficacy or any indications for ongoing use. It is unclear at this point in time what benefit would be obtained with this request. Therefore, this request is not medically necessary.

Condrolite 500/200/150 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: There is insufficient documentation to establish the need for this request. No clinical reports were submitted for review discussing medications, their efficacy or any indications for ongoing use. It is unclear at this point in time what benefit would be obtained with this request. Therefore, this request is not medically necessary.

Topical Flurbiprofen 20%, Tramadol 20% in Mediderm base for 240 gm: Upheld

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

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

Decision rationale: There is insufficient documentation to establish the need for this request. No clinical reports were submitted for review discussing medications, their efficacy or any indications for ongoing use. It is unclear at this point in time what benefit would be obtained with this request. Therefore, this request is not medically appropriate.

Topical Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in Mediderm Base 240 gm:

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

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

Decision rationale: There is insufficient documentation to establish the need for this request. No clinical reports were submitted for review discussing medications, their efficacy or any indications for ongoing use. It is unclear at this point in time what benefit would be obtained with this request. Therefore, this request is not medically necessary.