

Case Number:	CM14-0072104		
Date Assigned:	07/16/2014	Date of Injury:	07/13/2004
Decision Date:	09/19/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/19/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 58-year-old female who was reportedly injured on July 13, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 19 2014, indicated that there were ongoing complaints of cervical spine pain. The physical examination demonstrated a 5'4", 135 pound individual who is in "no acute distress." There was tenderness to palpation of the cervical spine. Motor and sensory were intact. Electrodiagnostic studies noted a C7 radiculopathy with no evidence of topical syndrome. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications, physical therapy, Botox injections, and other pain management techniques. A request was made for multiple medications and was not certified in the pre-authorization process on April 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

Decision rationale: A review of the progress notes, presented, indicate the ongoing complaints of neck pain. There was no noted improvement in symptomatology, increase in functionality or decrease in symptomatology. Therefore, as outlined in the California Medical Treatment Utilization Schedule, this is a short acting opioid indicated for management of moderate to severe breakthrough pain. Furthermore, the lowest possible dose that accomplishes its intent is to be used. There is also a requirement for objectification of improvement in functional status, appropriate medication use and other parameters. Based on the clinical information presented, there is no documentation of any efficacy associated with this medication. As such, the medical necessity has not been established.

Sonata #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental illness & strength updated June 2014.

Decision rationale: This medication is not recommended for long-term use. This is noted as a sedative hypnotic and is indicated for the short-term treatment of insomnia. Therefore, based on the date of injury, the length of disability relative to insomnia and the lack of any noted efficacy, there is no clear clinical indication presented for the continued medical necessity of this preparation.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: California Medical Treatment Utilization Schedule supports the use of muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the injured worker's date of injury and clinical presentation, there is no clear clinical indication that this medication is demonstrating any efficacy whatsoever. The guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

Prilosec 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. This also is used as a gastric protectant in those at risk individuals utilizing non-steroidal medications. However, a review the progress notes indicates that there were no complaints of gastric distress. As such, there is no clear clinical indication for the need for this medication. Accordingly, based on the clinical information presented for review, this is not medically necessary.

Reglan 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: There are no citations within the noted guidelines addressing this medication.

Decision rationale: This medication is indicated for the treatment of gastroesophageal issues. This strengthens the musculature of the esophagus alone for improved peristalsis. As noted, there were no complaints of gastrointestinal distress. Therefore, the clinical indication supporting the medical necessity of the continued use of this preparation has not been reached.