MAXIMUS Federal Services

Case Number:	CM14-0075440		
Date Assigned:	07/16/2014	Date of Injury:	02/17/2011
Decision Date:	08/22/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/23/2014

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 & 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 50-year-old male who reported an injury on 02/17/2011. The mechanism of injury was not stated. Current diagnoses include chronic low back pain, left knee pain and right knee pain. The injured worker was evaluated on 06/10/2014 with complaints of ongoing lower back pain with radiating symptoms in the lower extremities. The current medication regimen includes Norco 10/325 mg, Fiorcet, Vistaril, Lipitor, Tizanidine 4 mg, Lidoderm 5% patch and Lyrica 100 mg. Physical examination was not provided on that date. Treatment recommendations included continuation of the current medication regimen and an orthopedic pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Pillow for low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) ; chapter Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The medical necessity for the requested durable medical equipment has not been established. There was no physical examination provided on the requesting date. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request of Orthopedic Pillow for low back is not medically necessary and appropriate.

Norco 10/325mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Norco;. Decision based on Non-MTUS Citation Offiical Disability Guidelines (ODG) Pain Chapter; Opioids Criteria for useOfficial Disability Guidelines (ODG) Opioids: When to continue/discontinue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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 occur. The injured worker has utilized Norco 10/325 mg since 11/2013 without any evidence of objective functional improvement. There is also no documentation of a written pain consent or agreement. There is no frequency listed in the current request. As such, the request of Norco 10/325mg #360 is not medically necessary and appropriate.

Phenergan 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain Chapter/Official Disability Guidelines (ODG) Pain Chapter Antiemetics (for opioid use).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antiemetic.

Decision rationale: Official Disability Guidelines state antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Promethazine is recommended as a sedative and an antiemetic in preoperative and postoperative situations. Therefore, the current request cannot be determined as medically appropriate. There is no frequency listed in the current request. As such, the request of Phenergan 25mg #60 is not medically necessary and appropriate.

Tizanidine 4mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. There was no documentation of palpable muscle spasm or spasticity upon physical examination. California MTUS Guidelines do not recommend long term use of muscle relaxants. There is no frequency listed in the current request. As such, the request of Tizanidine 4mg #240 is not medically necessary and appropriate.