

Case Number:	CM14-0080843		
Date Assigned:	07/18/2014	Date of Injury:	03/13/2009
Decision Date:	10/01/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and New York. 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 57 year old female who sustained an injury on 03/13/09. It appears that the injured worker has had multiple job injuries to date. The injured worker had been followed for complaints of neck pain radiating to the upper extremities with associated numbness and tingling of the hands, right worse than left. The injured worker is also being followed for concurrent depression and anxiety secondary to chronic pain. The last evaluation was from 03/12/14 in which the injured worker continued to report complaints regarding the neck and upper extremities as well as the bilateral shoulders. The injured worker's physical exam noted limited range of motion in cervical spine and bilateral shoulders. Medications at this visit were continued to include Ultram, Protonix, and Motrin. Mobic was discontinued at this evaluation. The requested Motrin 800mg, Protonix 20mg, and Terocin 120mg with 2 refills were denied by utilization review on 05/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: In regards to this requested medication, it is this reviewer's opinion that the clinical documentation would not support medical necessity. There is a lack of updated clinical information for the injured worker to support the ongoing use of this medication. The last evaluation was from March of 2014 and there are no ongoing assessments establishing the efficacy of this prescribed medication in terms of the injured worker chronic pain. Therefore, it is this reviewer's opinion that the request would not be medically necessary at this time.

Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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 this requested medication, it is this reviewer's opinion that the clinical documentation would not support medical necessity. There is a lack of updated clinical information for the injured worker to support the ongoing use of this medication. The last evaluation was from March of 2014 and there are no ongoing assessments establishing the efficacy of this prescribed medication in terms of the injured worker chronic pain. Therefore, it is this reviewer's opinion that the request would not be medically necessary at this time.

Terocin 120 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

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

Decision rationale: In regards to this requested medication, it is this reviewer's opinion that the clinical documentation would not support medical necessity. There is a lack of updated clinical information for the injured worker to support the ongoing use of this medication. The last evaluation was from March of 2014 and there are no ongoing assessments establishing the efficacy of this prescribed medication in terms of the injured worker chronic pain. Therefore, it is this reviewer's opinion that the request would not be medically necessary at this time.