MAXIMUS Federal Services

Case Number:	CM14-0083558		
Date Assigned:	07/21/2014	Date of Injury:	04/03/2008
Decision Date:	09/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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 and is licensed to practice in Nevada. 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 41-year-old individual was reportedly injured on April 3, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 11, 2014, indicated that there were ongoing complaints of low back pain. This was accompanied by a marked decrease in sleep (4 hours per night) and migraine headaches. The physical examination was not attached to the progress note. The June 11, 2014 progress note indicated an alert, oriented individual, in no acute distress. A limited range of motion of the lumbar spine was reported, and sensation was intact. The motor examination was slightly decreased on the left. The gait pattern was reported as normal. The midline surgical site was clean and dry. Diagnostic imaging studies were not reviewed. Previous treatment included medications and surgical intervention. A request was made for acupuncture and medications and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, acupuncture is supported when there is a decrease in medication only when medication is not tolerated. Based on the progress notes presented for review, and taking into account the date of injury and the injury sustained, there is no clinical indication presented for this intervention. There is no decrease in medication, and the physical examination findings are not supported. As such, this is not medically necessary.

Ketaprofen 75mg capsules #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this medication is supported for up to 4 times a day at 50mg or 3 times a day at 75mg, (Max 300 mg per day) to address mild to moderate pain associated with the treatment of osteoarthritis. Therefore, based on the reported mechanism of injury, the injury sustained, and the lack of any noted efficacy, there is no clinical indication for this medication at this time. The request is not medically necessary.

Senna #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA: http://www.drugs.com/ppa/docusate.html and the article "Management of Opioid- Induced Gastrointestinal Effects: Treatment" http://www.medscape.com/viewarticle/427442_5.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McQuaid KR. Chapter 15. Gastrointestinal Disorders. In: Papadakis MA, McPhee SJ, Rabow MW. eds. CURRENT Medical Diagnosis & Treatment 2014. New York, NY: McGraw-Hill; 2014.

Decision rationale: The literature supports that laxatives are indicated for the short-term treatment of constipation. The progress notes do not indicate that there is any complaint of constipation, and no physical examination findings support this and there is no data to indicate the medical necessity for such a preparation. Therefore, the medical necessity cannot be established.