

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0085997 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 10/01/1998 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 05/13/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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 records presented for review indicate that this 49 year-old individual was reportedly injured on 10/1/1998. The mechanism of injury is not listed. The most recent progress note, dated 4/8/2014 indicates that there are ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine: antalgic gait. Difficulty with sitting and standing chair. Range of motion flexion 45, extension 0. Bilateral lower extremities muscle strength 5/5. No recent diagnostic studies are available for review. Previous treatment includes medications and activity modification. A request had been made for Treximet 85/500 #9 and was not certified in the pre-authorization process on 5/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treximet 85/500 MG # 9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head. Triptans. Updated 8/11/14.

Decision rationale: Treximet is a combination medication that includes naproxen and a triptan. After review the medical records provided there is no documentation of patient experiencing headaches, or having a diagnosis as such. Therefore lacking sufficient documentation supporting the need of this medication, this request is deemed not medically necessary.