

Case Number:	CM14-0089681		
Date Assigned:	08/08/2014	Date of Injury:	10/12/2001
Decision Date:	09/23/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 underlying date of injury in this case is 10/12/2001. No physician medical records have been provided. A prior physician review of 05/19/2014 discusses prior treatment for cervical pain; the medical records discussed at the time of that review are not available at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, page 22, state that anti-inflammatories are first-line treatment, but long-term use may not be warranted. There is insufficient clinical information at this time to apply this guideline. Therefore the request is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Pain Chapter, PPIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, page 68, state that the clinician should determine if the patient is at risk for gastrointestinal events. There are no physician notes upon which to apply this guideline. Therefore at this time this request is not supported by the guideline. The request is not medically necessary.

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discuss the four A's of opioid management, including the importance of documentation of pain relief, functional status, appropriate medication use, and side effects. There are no physician records at this time upon which to apply this guideline. The request is not medically necessary.

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discuss the four A's of opioid management, including the importance of documentation of pain relief, functional status, appropriate medication use, and side effects. There are no physician records at this time upon which to apply this guideline. The request is not medically necessary.

Butrans 15mcg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discuss the four A's of opioid management, including the importance of documentation of pain relief, functional status, appropriate medication use, and side effects. There are no physician records at this time upon which to apply this guideline. The request is not medically necessary.

Lidoderm 5% #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter regarding Lidoderm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidoderm Page(s): 112.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical Lidoderm, page 112, state that this is indicated only in cases of localized peripheral pain after there has been evidence of a trial of first-line therapy. There is very limited clinical information available at this time. The available information is not consistent with the guidelines. The request is not medically necessary.

Continued H Wave therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Page(s): 117.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on H-wave stimulation, page 117, recommend a trial of H-wave as a noninvasive conservative option as part of an overall program of evidence-based functional restoration. The medical records do not contain details regarding efficacy of prior H-wave use in order to apply this guideline. At this time this request is not supported by the guidelines. The request is not medically necessary.