MAXIMUS Federal Services

Case Number:	CM14-0090965		
Date Assigned:	09/10/2014	Date of Injury:	09/19/1997
Decision Date:	10/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/16/2014

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 57-year-old male was reportedly injured on September 17, 1997. The mechanism of injury was noted as stepping from a truck and falling. The most recent progress note, dated November 12, 2013, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness to palpation. Diagnostic imaging studies objectified changes consistent with the previous lumbar surgery. Previous treatment included multiple medications, numerous sessions of physical therapy, numerous urine drug screens, lumbar surgery and pain management interventions. A request had been made for multiple medications and was not deemed not medically necessary in the pre-authorization process on May 27 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

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

Decision rationale: This medication is a proton pump inhibitor useful in treatment of gastroesophageal reflux disease. This also to be used as a gastric protectorant for those individuals employing non-steroidal medication. However, when noting the date of injury, the injury sustained, and the lack of any current clinical notes, there is no documentation of this medication having any efficacy or utility. Therefore, based on the progress notes presented and by the parameters noted in the MTUS, there is no medical necessity established for this medication.

Anaprox 550 MG # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

Decision rationale: This medication is recommended for the signs and symptoms of osteoarthritis. It is noted that the injured employee has undergone lumbar fusion surgery. However, based on the progress notes presented, there is no clear clinical indication that this medication has any efficacy or utility. There is no objectification of functional improvement or decreased symptomatology. Therefore, there is insufficient clinical information presented to support this request.

Flexeril 10 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and the lack of a current clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

Norco 10/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for

intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.

Ultram ER 150 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: MTUS treatment guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given the clinical presentation and lack of documentation of functional improvement with tramadol, the request is not considered medically necessary.

Cortisone Injection Left Lateral Epicondyle with Ultrasonic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Elbow Disorders - Ulnar Neuropathy at the Elbow; Clinical Measures; Injection Therapy (electronically cited)

Decision rationale: As outlined in the ACOEM guidelines, there is no specific recommendation for or against use of injections. However, based on the limited progress notes presented for review, there is insufficient data presented to support the medical necessity of such an intervention.