

Case Number:	CM14-0098130		
Date Assigned:	07/28/2014	Date of Injury:	12/29/2009
Decision Date:	09/09/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/26/2014

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 62-year-old female was reportedly injured on December 29, 2009. The mechanism of injury is undisclosed. The most recent progress note, dated June 17, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated a 5'2", 237 pound individual in no acute distress, non-antalgic gait pattern, restricted range of motion of the lumbar spine identified, muscle guarding noted, motor function was 5/5, sensory was intact, and straight leg raising was reported to be positive. Diagnostic imaging studies were not addressed in this report. Previous treatment included multiple medications, surgical interventions, chiropractic care, and other pain management interventions. A request was made for Norco, ThermaCare small and large topical patches and a urine drug screen and was not certified in the preauthorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: 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 Page(s): 88.

Decision rationale: When noting the date of injury, the injury sustained, the amount of intervention completed and the findings on physical examination currently reported, there is no clinical indication presented for the chronic and indefinite use of this medication. Furthermore, as noted in the Medical Treatment Utilization Schedule (MTUS), this medication is for the short-term management of moderate to severe breakthrough pain. Given that, the pain complaints remain excessively high, and the physical examination has a change in the number of months there is no objectified efficacy or utility with this medication. As such, the medical necessity for this drug has not been established.

ThermaCare patches 24 large size pack #1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Low Back,-Heat Therapy.

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

Decision rationale: This is an over the counter preparation that has little indication for the treatment of the pathology noted. Furthermore, when noting the current physical examination findings compared to previous assessments and noting that the pain levels are essentially unchanged, there is no data presented to suggest that this topical application has any clinical efficacy or utility attached. Therefore, based on the clinical records presented for review and by the parameters noted in the Medical Treatment Utilization Schedule (MTUS), this is not medically necessary.

ThermaCare patches 36 small size pack #1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Low Back, Heat Therapy.

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

Decision rationale: This is an over the counter preparation that has little indication for the treatment of the pathology noted. Furthermore, when noting the current physical examination findings compared to previous assessments and noting that the pain levels are essentially unchanged, there is no data presented to suggest that this topical application has any clinical efficacy or utility attached. Therefore, based on the clinical records presented for review and by the parameters noted in the Medical Treatment Utilization Schedule (MTUS), this is not medically necessary.

Urine Drug Screen #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. When noting the parameters for urine drug screening, in addition to the opioid use, there has to be a suspicion of abuse, drug diversions, illicit drug use, or evidence of addiction. The criterion noted in the guidelines is not present based on the progress notes reviewed. Therefore, the medical necessity for this has not been established.

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) Chapter 4 Chronic Pain: Opioids, page 78.

Decision rationale: When noting the parameters for urine drug screening, in addition to the opioid use, there has to be a suspicion of abuse, drug diversions, illicit drug use, or evidence of addiction. The criterion noted in the guidelines are not present based on the progress notes reviewed. Therefore, the medical necessity for this has not been established.