

Case Number:	CM14-0196409		
Date Assigned:	12/04/2014	Date of Injury:	12/18/2004
Decision Date:	01/21/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/24/2014

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 & Rehab 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 claimant is a 64-year-old male, heavy equipment operator, who sustained an industrial injury on 12/18/04. The claimant has been treated with physical therapy, chiropractic, acupuncture and other modalities. The claimant remains refractory to treatment and functionally impaired. The claimant continues to be treated with Celebrex, Dilaudid, Methadone, MS Contin, Neurontin, Prilosec, Tigan and Zanaflex. He remains unemployed since his injury and is receiving SSI disability. According to the 9/29/14 attending physician report, he continues to C/O severe R>L neck pain with referral to the shoulders. He has numbness/tingling as well as pain in both arms from his shoulders to his hands. He has antalgic gait and uses a cane for ambulation. The current diagnoses are: 1. Lumbago 2. Brachial neuritis/radiculitis 3. Cervicalgia 4. Thoracolumbosacral neuritis/radiculitis. The utilization review report dated 11/5/14 denied the request for Tigan Cap 300mg based upon lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tigan Cap 300 mg: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, antiemetics

Decision rationale: The claimant is a 64-year-old male, heavy equipment operator, who sustained an industrial injury on 12/18/04. The claimant has been treated with physical therapy, chiropractic, acupuncture and other modalities. The claimant remains refractory to treatment and functionally impaired. The claimant continues to be treated with Celebrex, Dilaudid, Methadone, MS Contin, Neurontin, Prilosec, Tigan and Zanaflex. He remains unemployed since his injury and is receiving SSI disability. According to the 9/29/14 attending physician report, he continues to C/O severe R>L neck pain with referral to the shoulders. He has numbness/tingling as well as pain in both arms from his shoulders to his hands. He has antalgic gait and uses a cane for ambulation. The current diagnoses are: 1. Lumbago 2. Brachial neuritis/radiculitis 3. Cervicalgia 4. Thoracolumbosacral neuritis/radiculitis The utilization review report dated 11/5/14 denied the request for Tigan Cap 300mg based upon lack of medical necessity.