

Case Number:	CM14-0117060		
Date Assigned:	08/04/2014	Date of Injury:	03/19/2010
Decision Date:	10/21/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 66-year-old female was reportedly injured on March 19, 2010. The mechanism of injury was noted as a repetitive strain type event. The most recent progress note, dated May 13 2014, indicated that there were ongoing complaints of hand, neck and low back pains. The neck and low back pains were reported to be 9/10. The physical examination demonstrated 5'2", 156 pound individual who was normotensive (130/80). A decrease in cervical spine range of motion was noted. There was tenderness over both shoulders to palpation. Mild muscle spasm was noted in the posterior cervical spine musculature. A positive Phalen's and Tinel's tests were reported bilaterally. Muscle spasms noted in the lower lumbar spine. Diagnostic imaging studies were not discussed in this narrative. Previous treatment included acupuncture, surgical release, postoperative physical therapy, topical preparations, oral preparations and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on July 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine CAP 60mg qty #30 x2 refill: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 43, 105 of 127.

Decision rationale: As outlined in the MTUS, this medication is indicated as a first-line treatment after neuropathic pain. When noting the date of injury, the injury sustained, the multiple surgical interventions and the current findings on the physical examination, there is no clear objectification that there are ongoing neuropathic pain generators. The pain generators appear to be nociceptive in nature. Furthermore, there is no data presented to suggest that this medication has any efficacy or utility. As such, based on the progress notes presented for review, the medical necessity has not been established.

Omeprazole CAP 40mg qty #30: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: This medication is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease and can be considered a gastric protectorant for individuals utilizing non-steroidal medications. However, while noting there are many complaints offered, there are no complaints relative to the gastrointestinal track. There is no evidence of gastritis or any other parameter noting gastrointestinal dysfunction. As such, there is no clinical indication for the continued use of this medication based on the progress notes presented for review.

Lidocaine pad 5% qty 90: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 56 of 127..

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Based on the clinical documentation provided, multiple surgical interventions have been completed and the surgical sites are well healed and there is no clear clinical indication that there is any noted efficacy or utility with the use of this preparation. Therefore, the medical necessity cannot be established.