

Case Number:	CM14-0124128		
Date Assigned:	08/08/2014	Date of Injury:	01/25/2012
Decision Date:	09/29/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/06/2014

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 Texas. 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:

Medical records reflect a 32 year old male who sustained a work injury on 1-25-12. On this date, the injured worker slipped on a cardboard while cleaning his truck and fell off the trailer face first. Office visit on 6-27-14 notes the injured worker reports neck, upper and low back pain, as well as right and left knee. On exam, he has pain in all planes at the cervical spine, positive foraminal compression and Jackson compression bilaterally. He has tenderness to palpation. At the lumbar spine he has pain with all range of motion, positive Kemps test, Ely's and iliac compression bilaterally. He also had tenderness to palpation. Exam of the right knee shows pain in all planes and tenderness to palpation over the lateral joint line. On 9-2-14, it is noted the injured worker complains of constant severe right knee pain, low back pain, and upper back shooting pain, severe neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient pain management evaluation for medication and pharmacy purchase: Upheld

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

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 7 consultations.

Decision rationale: ACOEM Guidelines reflect that a consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Medical Records reflect this injured worker has generalized pain. This injured worker has a 2+ history of pain complaints that continue to be at high levels and noted to be severe despite all treatment afforded during this period. There is an absence in documentation that outpatient pain management for evaluation and medication management will provide any significant improvement to these chronic pain complaints that have been unrelieved or decreased for over two years. Therefore, the request is not medically necessary.

Synovacin 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines (ODG) notes that glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is an absence in objective documentation showing that this injured worker has moderate arthritis or osteoarthritis. Therefore, this request is not medically necessary.

Dendracin 120mls #1: 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 Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - topical analgesics.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines (ODG) reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this has failed first line of treatment or that he cannot tolerate oral first line of treatment. Therefore, the request is not medically necessary.