

Case Number:	CM14-0125446		
Date Assigned:	08/13/2014	Date of Injury:	05/18/2009
Decision Date:	10/23/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/07/2014

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, has a subspecialty in Pain 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 records presented for review indicate that this 44-year-old female was reportedly injured on May 18, 2009. The most recent progress note, dated July 18, 2014, indicates that there are ongoing complaints of fatigue and diarrhea. There were also complaints of neck pain, low back pain, and left hip pain. The physical examination demonstrated decreased range of motion of the cervical spine with spasms along the cervical spine and left trapezius. There was normal upper extremity strength and a positive Tinel's test at the medial aspect of the left elbow and at the left wrist. Diagnostic imaging includes multiple normal endoscopies and colonoscopies. Previous treatment includes chiropractic care, oral medications, and topical medications. A request had been made for Tylenol extra strength and a compound of ketoprofen and gabapentin and was not certified in the pre-authorization process on July 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ES Tylenol 500mg #50: 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): 11.

Decision rationale: Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs. The progress note dated July 18, 2014 which prescribes this medication does not state that there is decreased pain or increased ability to function with the use of this medication. As such, this request for Tylenol ES is not medically necessary.

Keto/ Gaba compound (unspecified dosage & quantity): 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): 111-112.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents to include gabapentin. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for a compound of ketoprofen/gabapentin is not medically necessary.