

Case Number:	CM14-0138386		
Date Assigned:	09/05/2014	Date of Injury:	04/16/2013
Decision Date:	10/10/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/26/2014

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 & 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 35-year-old gentleman was reportedly injured on April 16, 2013. The mechanism of injury is noted as a fall. The most recent progress note, dated August 14, 2014, indicates that there are ongoing complaints of back and hip pain. Current medications include Percocet, omeprazole, Tizanidine, and Relafen. Pain was stated to be reduced from 8/10 to 3/10 with use of Percocet and it allowed him to participate in activities of daily living as well as physical therapy. The physical examination demonstrated increased tenderness along the lumbar spine paraspinal muscles and increased tenderness at the left hip. There was ambulation with an antalgic gait and the use of a cane favoring the left lower extremity. Diagnostic imaging studies of the lumbar spine showed disk desiccation at L5 - S1 with a broad-based disc protrusion and an MRI the left hip noted and acetabula tear. Previous treatment includes physical therapy and oral medications. A request had been made for Relafen, omeprazole, Percocet, and a gym membership and was not certified in the pre-authorization process on August 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750 Mg #60: Overturned

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): 22.

Decision rationale: Relafen is a nonselective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. When noting the injured employees diagnosis and signs/symptoms, there is a clinical indication for the use of this medication as noted in the applicable guidelines. The request for Relafen 750 mg is medically necessary.

Omeprazole 20mg #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 Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

3 Months Gym Membership: 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 Official Disability Guidelines (ODG), Shoulder, Gym Membership, Updated August 27, 2014

Decision rationale: According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally treatment in a gym environment needs to be monitored and administered by medical professionals. According to the attached medical record there is no documentation that home exercise program is ineffective or in adequate. Considering this, the request for a three month gym membership is not medically necessary.

Percocet 5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Percocet is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The progress note dated August 14, 2014 indicates objective pain relief with the usage of Percocet as well as the ability to participate in activities of daily living. No abnormal side effects were reported. As such, this request for Percocet is medically necessary.