MAXIMUS Federal Services

Case Number:	CM14-0160707		
Date Assigned:	10/06/2014	Date of Injury:	08/12/2012
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/30/2014

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 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 the claimant is a 57 year old male who sustained a work injury on 8-12-12. Office visit on 5-5-14 notes the claimant is status post lumbar fusion from L4-L5 and L5-S1. The claimant is doing well. The claimant is to start postop to medications refill given.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX 120GM, REFILLS: 2 DOS: 02/04/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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 ODG reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that he has failed first line of treatment. Therefore the medical necessity of this request is not established

OMEPRAZOLE 20MG #120, DOS: 02/04/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms Page(s): 68.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that PPI are indicated for patients with intermediate or high risk for GI events. There is an absence in documentation noting that this claimant has secondary GI effects due to the use of medications or that he is at an intermediate or high risk for GI events. Therefore, the medical necessity of this request is not established.

CYCLOBENZAPRINE 7.5MG #120, DOS: 02/04/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - muscle relaxants

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. There is an absence in documentation noting muscle spasms. Therefore, the medical necessity of this request is not established