

Case Number:	CM14-0092741		
Date Assigned:	07/25/2014	Date of Injury:	07/07/2013
Decision Date:	10/16/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/19/2014

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 48-year-old female was reportedly injured on July 7, 2013. The most recent progress note, dated May 30, 2014, indicated that the injured employee no longer has any complaints of low back pain. No physical examination was performed. There was a request to return to regular duty. Diagnostic imaging studies of the lumbar spine revealed a disc protrusion at L4-L5 displacing the right descending nerve root and impinging the left exiting nerve root. There was also a disc protrusion at L5-S1. Previous treatment included chiropractic care and physical therapy. A request had been made for hydrocodone, zolpidem, and a topical compound of flurbiprofen/tramadol and amitriptyline/dextromethorphan/gabapentin and was not certified in the pre-authorization process on May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127..

Decision rationale: According to the most recent progress note, dated May 30, 2014, the injured employee no longer has any complaints of low back pain and there was a request to return to regular duty. Considering this, the request for hydrocodone 10/325 is not medically necessary.

Zolipidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines pain procedure Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 10/06/14).

Decision rationale: According to the most recent progress note, dated May 30, 2014, the injured employee no longer has any complaints of low back pain and there was a request to return to regular duty. Considering this, the request for zolpidem 10/325 is not medically necessary.

Fluribipufen/Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

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. 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 referral fluribipufen/tramadol is not medically necessary.

Amitriptyline/Dexamethorphan/Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

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. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary.

Considering this, the request for amitriptyline/dextromethorphan/gabapentin is not medically necessary.