

Case Number:	CM14-0096420		
Date Assigned:	07/28/2014	Date of Injury:	02/26/2002
Decision Date:	10/08/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/23/2014

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 51 year-old individual was reportedly injured on February 26, 2002. The mechanism of injury is noted as a being struck by a patient, falling and hitting the ground. The most recent progress note, dated January 20, 2014, indicates that there are ongoing complaints of headaches. The physical examination demonstrated strength and left upper extremity, slowly diminished deep tendon reflexes throughout the entire left upper extremity, and is a normotensive individual. Diagnostic imaging studies objectified a normal brain MRI. Previous treatment includes multiple medications, physical therapy, and electro-diagnostic assessment. A request had been made for multiple medications and was not certified in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

B-Complex B-12 Qty: 30: 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) Chronic Pain: Clinical Measures; Medications, Vitamins (Electronically Cited)

Decision rationale: The ACOEM specifically recommends against the use of dietary supplements in the treatment of chronic pain. These supplements have not been shown to produce any meaningful benefits or improvements in functional outcomes. Based on the documentation provided, there is no evidence based medicine provided to justify the medical necessity of these supplements. As such, the requested nutritional supplement is deemed not medically necessary.

Oregano oil Qty: 30: 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) Chronic Pain: Clinical Measures; Medications, Vitamins (Electronically Cited)

Decision rationale: The ACOEM specifically recommends against the use of dietary supplements in the treatment of chronic pain. These supplements have not been shown to produce any meaningful benefits or improvements in functional outcomes. Based on the documentation provided, there is no evidence based medicine provided to justify the medical necessity of these supplements. As such, the requested nutritional supplement is deemed not medically necessary.

Hydrocodone/APAP 7.5/325mg Qty: 60 (15 day supply): Upheld

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

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

Decision rationale: As noted in the MTUS, this medication is indicated for the management of controlling moderate to severe pain. The records reflect this individual has a history of migraine headaches. However, there is no indication presented that this medication has any efficacy or utility in terms of modifying headache pain or increasing functionality. Therefore, based on the clinical information presented for review tempered by the parameters noted in the MTUS, there is no clinical indication for continued use of this medicine. The request is not medically necessary.