

Case Number:	CM13-0055671		
Date Assigned:	12/30/2013	Date of Injury:	07/14/2008
Decision Date:	06/17/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/21/2013

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 Orthopedic Surgery 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 injured worker is a 39-year-old male who was injured on July 14, 2008. The only clinical document provided for this IMR is a letter dated December 19, 2013. The mechanism of injury was not specified. This letter attempts to contest the previously denied and altered requests, but provides no clinical documentation on the injured worker. The clinical progress note, dated October 23, 2013 documents that the injured worker presents with low back and bilateral wrist pain. Pain is documented as rating to the lower extremity. Previous treatment has included acupuncture and epidural. Side effects are documented in medication. Physical examination as follows "TTP lumbar and bilateral wrist," decrease lumbar range of motion, mental status is alert and oriented. To the entirety of the physical exam provided. Previous clinical notes are near identical with minimal examination. The utilization review in question was rendered on November 1, 2013. The reviewer noncertified the request for Tramadol, Topiramate, Omeprazole, LidoPro appointment, and the laboratory studies. The reviewer modified the prescription of Cyclobenzaprine from 2 prescriptions of 90 tablets 21 prescription of 90 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO PRESCRIPTIONS OF TRAMADOL 50MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opiates Page(s): 74-96.

Decision rationale: Minimal clinical documentation is provided in support of this request there is no documentation supporting the use of Tramadol other than pain. The Chronic Pain Medical Treatment Guidelines note that Tramadol may be used as a 2nd line medication. As such, the request is not medically necessary.

TWO PRESCRIPTIONS OF CYCLOBENZAPRINE 7.5MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The clinical documents do not indicate that there is paraspinal muscle spasm. The Chronic Pain Medical Treatment Guidelines indicate that muscle relaxants may be used for the short-term treatment of low back pain. Based on the prescription provided, the request appears to be for 2 months, which exceeds the recommendation of the Chronic Pain Medical Treatment Guidelines. As such, the request is not medically necessary.

TWO PRESCRIPTIONS OF TOPIRAMATE 50MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Other Anti-Epilepsy Drugs Page(s): 21.

Decision rationale: The Chronic Pain Medical Treatment Guidelines notes Topiramate has not been shown to have any effect on neuropathic pain of Central etiology but may be utilized after another anticonvulsants has failed. The clinical documentation provided, specifically the letter of appeal indicates that Topiramate may be used for the treatment of epilepsy. There is no documentation to indicate that the injured worker suffers from seizures. As such, the request is not medically necessary.

TWO PRESCRIPTIONS OMEPRAZOLE 20MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (NSAIDs) non-steroidal anti-inflammatory drugs and G.I.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of proton pump inhibitors for individuals are concurrently utilizing anti-inflammatories and are at increased risk of G.I. complications. No clinical documentation is provided indicating a history of G.I. complications for the injured worker's response to this medication. As such, the request is not medically necessary.

TWO PRESCRIPTIONS OF LIDOPRO OINTMENT 121 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Compounded Topical Prod.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that topical Lidocaine may be utilized when a trial of first-line medications such as antiepileptic drugs or antidepressants is failed. The clinical documentation provided does not indicate that a trial of first-line medications has been attempted. As such, the request is not medically necessary.

ONE LAB FOR CBC (COMPLETE BLOOD COUNT): 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 Chronic Pain Medical Treatment Guidelines (NSAIDs) non-steroidal anti-inflammatory drugs opioids.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of CBCs and CMPs for individuals are utilizing anti-inflammatories. However, the clinical documentation provided in support of this request is sparse and does not indicate that the injured worker is currently utilizing NSAIDs. Additionally, the other request medication is not been supported. As such, the request is not medically necessary.

ONE LAB FOR CMP (COMPLETE METABOLIC PANEL): 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 Chronic Pain Medical Treatment Guidelines (NSAIDs) non-steroidal anti-inflammatory drugs opioids.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of CBCs and CMPs for individuals are utilizing anti-inflammatories. However, the clinical documentation provided in support of this request is sparse and does not indicate that the injured worker is currently utilizing NSAIDs. Additionally, the other request medication is not been supported. As such, the request is not medically necessary.

STANDARD KIDNEY LABS: 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 Chronic Pain Medical Treatment Guidelines (NSAIDs) non-steroidal anti-inflammatory drugs opioids.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of CBCs and CMPs for individuals are utilizing anti-inflammatories. However, the clinical documentation provided in support of this request is sparse and does not indicate that the injured worker is currently utilizing NSAIDs. Additionally, the other request medication is not been supported. As such, the request is not medically necessary.

STANDARD LIVER LABS: 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 Chronic Pain Medical Treatment Guidelines (NSAIDs) non-steroidal anti-inflammatory drugs opioids.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of CBCs and CMPs for individuals are utilizing anti-inflammatories. However, the clinical documentation provided in support of this request is sparse and does not indicate that the injured worker is currently utilizing NSAIDs. Additionally, the other request medication is not been supported. As such, the request is not medically necessary.