

Case Number:	CM13-0020857		
Date Assigned:	10/11/2013	Date of Injury:	05/08/2006
Decision Date:	05/09/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/06/2013

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 Physical Medicine and Rehabilitation 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:

This 58 year-old male sustained an injury on 5/8/06 while employed by [REDACTED]. Requests under consideration included One Prescription Of Colace 100mg # 60 With Five Refills, One Prescription Of Voltaren Gel 1% #5 With Five Refills, and One Prescription Of Pepcid 20mg #60 With Five Refills. Diagnoses included lumbago; lumbar degenerative disc disease and spinal stenosis; lumbar facet arthropathy post laminectomy syndrome. Report of 8/12/13 from the provider noted patient recovering from recent hardware removal surgery and is doing well. Exam showed normal attention span; back brace intact; gait is slow with right antalgic; able to toe and heel stand and balance on either leg; lumbar spine range in flex/ext 45/10 degrees; DTRs 1+ patellar, unobtainable on right; motor strength 5/5 intact; sensory is intact to light touch, vibration, and temperature; SLR positive on right. Requests for medications above were non-certified on 8/28/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF COLACE 100MG # 60 WITH FIVE REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Prophylactic. Page(s): 77-88.

Decision rationale: This 58 year-old male sustained an injury on 5/8/06 while employed by [REDACTED]. Requests under consideration included ONE Prescription Of Colace 100mg # 60 With Five Refills, One Prescription Of Voltaren Gel 1% #5 With Five Refills, and One Prescription Of Pepcid 20mg #60 With Five Refills. Diagnoses included lumbago; lumbar degenerative disc disease and spinal stenosis; lumbar facet arthropathy post laminectomy syndrome. Report of 8/12/13 from the provider noted patient recovering from recent hardware removal surgery and is doing well. Exam showed normal attention span; back brace intact; gait is slow with right antalgic; able to toe and heel stand and balance on either leg; lumbar spine range in flex/ext 45/10 degrees; DTRs 1+ patellar, unobtainable on right; motor strength 5/5 intact; sensory is intact to light touch, vibration, and temperature; SLR positive on right. Docusate Sodium (Colace), is a medication that is often provided for constipation, a common side effect with opioid medications. Reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace), a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for Colace. The One Prescription of Colace 100mg # 60 With Five Refills is not medically necessary and appropriate.

ONE PRESCRIPTION OF VOLTAREN GEL 1% #5 WITH FIVE REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: This 58 year-old male sustained an injury on 5/8/06 while employed by [REDACTED]. Requests under consideration included One Prescription Of Colace 100mg # 60 With Five Refills, One Prescription Of Voltaren Gel 1% #5 With Five Refills, and One Prescription Of Pepcid 20mg #60 With Five Refills. Diagnoses included lumbago; lumbar degenerative disc disease and spinal stenosis; lumbar facet arthropathy post laminectomy syndrome. Report of 8/12/13 from the provider noted patient recovering from recent hardware removal surgery and is doing well. Exam showed normal attention span; back brace intact; gait is slow with right antalgic; able to toe and heel stand and balance on either leg; lumbar spine range in flex/ext 45/10 degrees; DTRs 1+ patellar, unobtainable on right; motor strength 5/5 intact; sensory is intact to light touch, vibration, and temperature; SLR positive on right. Per Guidelines, Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc..) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment. The patient's injury was in May 2006. Submitted reports show no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies

of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Recent report noted unchanged activity level without acute changes or report of flare-up for this chronic injury without diagnoses for joint osteoarthritis. The One Prescription of Voltaren Gel 1% #5 With Five Refills is not medically necessary and appropriate.

ONE PRESCRIPTION OF PEPCID 20MG #60 WITH FIVE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms And Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: This 58 year-old male sustained an injury on 5/8/06 while employed by [REDACTED]. Requests under consideration included ONE PRESCRIPTION OF COLACE 100MG # 60 WITH FIVE REFILLS, ONE PRESCRIPTION OF VOLTAREN GEL 1% #5 WITH FIVE REFILLS, and ONE PRESCRIPTION OF PEPCID 20MG #60 WITH FIVE REFILLS. Diagnoses included lumbago; lumbar degenerative disc disease and spinal stenosis; lumbar facet arthropathy post laminectomy syndrome. Report of 8/12/13 from the provider noted patient recovering from recent hardware removal surgery and is doing well. Exam showed normal attention span; back brace intact; gait is slow with right antalgic; able to toe and heel stand and balance on either leg; lumbar spine range in flex/ext 45/10 degrees; DTRs 1+ patellar, unobtainable on right; motor strength 5/5 intact; sensory is intact to light touch, vibration, and temperature; SLR positive on right. Pepcid medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Pepcid namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The One Prescription of Pepcid 20mg #60 With Five Refills is not medically necessary and appropriate.