

Case Number:	CM13-0025758		
Date Assigned:	03/26/2014	Date of Injury:	07/07/1998
Decision Date:	04/30/2014	UR Denial Date:	08/03/2013
Priority:	Standard	Application Received:	09/18/2013

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 Internal Medicine and Pulmonary Diseases 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 patient is a 55-year-old female who reported injury on 07/07/1998. The mechanism of injury was not provided. The patient's medication history included muscle relaxants, Norco, PPIs, and Colace for greater than 6 months. The documentation of 08/22/2013 revealed the patient's pain level was unchanged. Quality of life had remained unchanged, and the patient's activity level had remained the same. It was indicated the patient was taking her medications as prescribed, and the medications were working well. The patient indicated she had no side effects and no tolerance. The physical examination revealed the patient had abnormal posture with severe right cervical thoracic scoliosis. The patient had decreased range of motion. The patient had tenderness in the cervical spine, paracervical muscles, and trapezius. The sensory examination revealed the patient had decreased sensation over the ring finger. The motor testing examination was limited by pain. The patient had decreased sensation over the ring finger, middle finger, and lateral forearm on the right side. Upper extremity strength was 4/5. The patient's diagnoses included post cervical laminectomy syndrome, cervical radiculopathy, and cervical disc disorder. The treatment plan included refilling medications. It was indicated that the CURES report was checked and was appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF BACLOFEN 10MG, #60: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. Clinical documentation submitted for review indicated the patient had been on this classification of medications for greater than 6 months. There was a lack of documentation indicating the efficacy of the requested medication and exceptional factors to support ongoing usage. Given the above, the request for a prescription of Baclofen 10 mg #60 is not medically necessary.

PRESCRIPTION OF NORCO 10/325MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication For Chronic Pain Page(s): 60,78.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review indicated the patient had been on this classification of medications for greater than 6 months. The clinical documentation submitted for review indicated that there was evidence the patient was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of an objective decrease in pain and an objective improvement in function. Given the above, the request for a prescription of Norco 10/325 mg #120 is not medically necessary.

PRESCRIPTION OF PROTONIX 40MG, #30 WITH 3 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 NSAID Page(s): 69.

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review indicated the patient had been on this classification of medications for greater than 6 months. Clinical documentation submitted for review failed to provide the efficacy of the requested medication and the necessity for 3 refills without re-evaluation. Given the above, the request for a prescription of Protonix 40 mg #30 with 3 refills is not medically necessary.

PRESCRIPTION OF DOCUSATE SODIUM 100MG,#60 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: California MTUS Guidelines recommend prophylactic treatment for constipation when initiating opioid therapy. There was a lack of documentation of the efficacy of the requested medication. The patient was noted to be on the medication for greater than 6 months. There was a lack of documentation indicating a necessity for 3 refills of the medication without re-evaluation. Given the above, the request for prescription of Docusate Sodium 100 mg #60 with 3 refills is not medically necessary.