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| Case Number: | CM13-0028625 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 07/16/2012 |
| Decision Date: | 02/03/2014 | UR Denial Date: | 09/19/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey, Pennsylvania and 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 physician 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:

██████████ is a 48 year old woman who sustained a work related injury on July 16, 2012. She was subsequently diagnosed with cervical herniated nucleopulposus, thoracic degenerative disc disease, lumbar herniated nucleus with stenosis and lumbar radiculopathy. Her electromyography (EMG) demonstrated left peroneal motor neuropathy. Her physical examination showed decreased right lower extremity sensation and reduced right side weakness. Her cervical, lumbar and thoracic MRIs showed degenerative disc disease. For her pain management, the provider is requesting authorization to use docusate/sennosides 50/8.6mg, 60 capsules of omeprazole 20mg, and 90 tablets of hydrocodone-APAP 7.5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of docusate/sennosides 50/8.6mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Opioid induced constipation treatment.

Decision rationale: According to ODG guidelines, docusate/sennosides is recommended as a second line treatment for opioid induced constipation. The first line measures are increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that first line measurements were used. Therefore the use of 60 tablets of docusate/sennosides 50/8.6mg is not medically necessary.

60 capsules of omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risks for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Although the patient has a history of gastritis is not clear if the patient still use NSAID. Therefore, the long-term used of Omeprazole is not medically necessary.

90 tablets of hydrocodone-APAP 7.5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: According to MTUS guidelines, hydrocodone-APAP 7.5/325mg as well as other short and long acting opioids are highly potent form of opiate analgesic. Establishing a treatment plan, looking for alternatives to treatment, assessing the efficacy of the drug, using the lowest possible dose and considering multiple disciplinary approaches if high dose is needed or if the pain does not improve after 3 months of treatment. In this case, there is no clear justification for the increase of hydrocodone dose. Furthermore, there is no clear multidisciplinary approach to manage this patient who is receiving high dose of opioids. Based on the above, the prescription of hydrocodone-APAP 7.5/325 mg is not medically necessary.