MAXIMUS Federal Services

Case Number:	CM13-0028917		
Date Assigned:	01/31/2014	Date of Injury:	02/23/2000
Decision Date:	06/27/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/24/2013

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 family Medicine and is licensed to practice in New Jersey. 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 worker is a 47 year old male who was injured after being reportedly assaulted by a patient on 2/23/2000 while working as a psychiatric technician. As a result, the worker has been dealing with chronic back pain with radiculitis for which he has had multiple treatments to help alleviate the pain, including multiple surgeries, physical therapy, and oral pain medications including opioids such as Fentanyl and hydrocodone. As a result of the chronic opioid use, according to the dental records, the worker experienced xerostomia (dry mouth) which is a common side effect of the medications he was using. The dry mouth led to the worker developing dental caries. Also related to his opioid use for his chronic back pain, the worker has become dependent on their use, only able to achieve a pain rating of 9-10/10 with medication according to the records provided. After failed attempts to wean down on these medications, a request for further assistance with a detox or rehab program was made by his treating physician in order to help him safely and effectively be taken off of the opioid class of medictions he has been taking. Also, as a result of his back injury (according to urological consultation notes) the worker has experienced neurogenic bladder which displays in the form of symptoms such as incomplete voiding, frequent urination, post void dribbling, as well as stress urinary incontinence, according to the provided records, for which Flomax was prescribed to help alleviate these symptoms, which according to the progress notes seems to be helping the worker's urinary symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLOMAX FOR 30 DAYS ONLY (DOSE, DIRECTIONS FOR USE AND QUANTITY NOT SPECIFIED): 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 Medscape Online Reference, Flomax Section.

Decision rationale: Neither the MTUS Guidelines nor the ODG specify anything in relation to Flomax use for urinary symptoms related to back injuries. Because of the nature of the conditions Flomax typically treats, including the symptoms reported by the worker, duration of use for this medication is typically such that it is used indefinately as long as the urinary symptoms of the patient are being helped by its consistent use. However, the dose may range from 0.4 to 0.8 mg once daily. The worker's physician was not specific with their request for Flomax use, not stating dose and frequency, therefore, it is not medically necessary.

INPATIENT DETOX PROGRAM QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Rapid Detox Section, Page(s): 32, 102-103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Rapid Detox Section, Page(s): 32, 102-103.

Decision rationale: The MTUS Guidelines state that the general use of inpatient pain rehabilitation or multidisciplinary pain management programs for gradual weaning off of opioid class pain medications may be considered in situations where the patient is receiving large amounts of medications necessitating medication weaning or detoxification, whereas rapid detox programs are not recommended as the data supporting the effectiveness is limited and the safety has not been established. Due to the fact that the request for a detox program for the worker was not specific as to what type of program he would be entering and for how long, it is not know as to how safe the requested program would be for the worker. For this reason the detox program is not medically necessary.

DENTAL WORK PER [redacted], QTY 1: 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 NULL

Decision rationale: Because the request is for "dental care", with no specific treatment or procedure specified, a specific guideline cannot be selected. There is no evidence-based guideline for the ambiguous concept of "dental care" in the absence of specific procedures or

treatment identified by the treating physician. Dental caries are not discussed in the MTUS guidelines or ODG. The worker's treating physician is requesting a treatment with the worker's dentist related to medication-induced xerostomia. No specific treatment or procedure is being requested and for no specific duration, making the requested dental work not medically necessary.