

Case Number:	CM13-0044478		
Date Assigned:	12/27/2013	Date of Injury:	10/01/1993
Decision Date:	06/09/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/30/2013

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 Pennsylvania. 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 is a 65-year-old female with a reported injury date of 10/01/93 secondary to cumulative trauma while working as a transcriptionist. There were complaints of neck pain and low back pain. A report of recent clinical assessment from 10/01/14 indicated ongoing complaints of neck pain with right sided shoulder and upper arm complaints. It was rated as a 7/10 on a VAS pain score scale. The physical examination revealed an antalgic gait pattern with use of a walker for assistance. There were no other specific findings documented. Recommendation at that time was for continuation of medication management to include Tylenol #4, Soma, Senna laxatives, and Fentanyl for continued use. Further review of clinical records indicates that previous utilization review had prescribed a weaning period of narcotic dosage. There is currently no indication of imaging available for review. The documented clinical assessment was that of cervical spondylosis, stenosis and muscle spasm with radicular right upper arm pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL #4 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 76-80.

Decision rationale: The MTUS Guidelines would not support the continued role of Tylenol #4. There was a previous recommendation to wean the claimant from this narcotic. The available documentation did not demonstrate long term functional improvement or significant benefit with usage of this medication and the claimant is now 20 years post injury. Given her current clinical presentation, the continued use of narcotic analgesics would not be supported.

SOMA 350MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Page Carisoprodol Soma..

Decision rationale: The continued use of Soma would not be indicated. MTUS chronic pain guidelines do not recommend the role of Soma usage in the long term. There is nothing within the record to suggest anything of an acute nature or change in this individual's condition and as this medication is not supported for long term use within the chronic pain setting, it cannot be recommended as medically necessary.

SENNALAXATIVE #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Pain Procedure - Opioids.

Decision rationale: The MTUS Guidelines and Official Disability Guidelines address the prevention of constipation in the setting of initiating opioid treatment. When looking at Official Disability Guidelines the evidence based criteria, the role of a laxative in this case also would not be indicated as the continued use of narcotic analgesics in this case would not be indicated. There would be no indication for prophylactic laxative use for opioid induced constipation based on the above.

FENTANYL 100MCG #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 76-80.

Decision rationale: The MTUS Guidelines would not support the continued use of Fentanyl. As stated above, there was a previous recommendation for weaning of the opioid dosage and giving consideration to that the continued use of the agent in question would not be supported.