

Case Number:	CM13-0047089		
Date Assigned:	12/27/2013	Date of Injury:	05/28/2008
Decision Date:	11/06/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 50-year-old female with a 5/28/08 date of injury, and status post left carpal tunnel release. At the time (10/15/13) of request for authorization for retrospective prescription of Laxacin for chronic constipation, retrospective prescription for KGL/caps creams, and retrospective prescription of Genocin for joint integrity, there is documentation of subjective (chronic low back pain, bilateral knee pain, and bilateral hand and wrist pain and paresthesias) and objective (lumbar spine spasm, painful range of motion, limited range of motion, positive Lasegue bilaterally, positive straight leg raise, motor weakness 4/5 bilaterally, decreased sensation at L4-5 and L5-S1; McMurray positive bilaterally, patellofemoral crepitation and positive Apley grind test, and tenderness to palpation over the joint line and edema, positive Tinel and Phalen's on the right wrist, decreased grip strength on the left hand) findings, current diagnoses (bilateral carpal tunnel syndrome, right greater than left, status post left carpal tunnel release, lumbar discogenic disease, chronic low back pain, lumbar radiculitis, bilateral knee internal derangement, and bilateral knee osteoarthritis right greater than left), and treatment to date (physical therapy and medications (including ongoing use of Norco)). 10/15/13 medical report identifies a request for Laxacin for chronic constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prescription of Laxacin for Chronic Constipation: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration.

Decision rationale: Laxacin contains 2 medications: Sennosides and Docusate. MTUS and ODG do not address the issue. The Food and Drug Administration identifies that Laxacin is indicated for short-term treatment of constipation; prophylaxis in patients who should not strain during defecation (eg, after anorectal surgery, MI); to evacuate the colon for rectal and bowel examinations; prevention of dry, hard stools; preoperative and preradiographic bowel evacuation for procedures involving GI tract; and/or chronic opioid use. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, right greater than left, status post left carpal tunnel release, lumbar discogenic disease, chronic low back pain, lumbar radiculitis, bilateral knee internal derangement, and bilateral knee osteoarthritis right greater than left. In addition, there is documentation of constipation secondary to chronic opioid use. Therefore, based on guidelines and a review of the evidence, the request for retrospective prescription of Laxacin for chronic constipation is medically necessary.

Retrospective Prescription of Kgl/Caps Creams: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, right greater than left, status post left carpal tunnel release, lumbar discogenic disease, chronic low back pain, lumbar radiculitis, bilateral knee internal derangement, and bilateral knee osteoarthritis right greater than left. However, KGL/caps creams contains at least one drug (ketoprofen, gabapentin and lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retrospective prescription for KGL/caps creams is not medically necessary.

Retrospective Prescription of Genocin For Joint Integrity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain as criteria necessary to support the medical necessity of Genicin. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, right greater than left, status post left carpal tunnel release, lumbar discogenic disease, chronic low back pain, lumbar radiculitis, bilateral knee internal derangement, and bilateral knee osteoarthritis right greater than left. In addition, there is documentation of knee pain and osteoarthritis. Therefore, based on guidelines and a review of the evidence, the request for retrospective prescription of Genocin for joint integrity is medically necessary.