MAXIMUS Federal Services

Case Number:	CM13-0049945		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2001
Decision Date:	02/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/22/2013

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 Anesthesia has a subspecialty in Acupuncture and Pain Medicine 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 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:

52y/o male injured worker with date of injury 3/1/01 has related pain in the thoracic, lumbar, and cervical spine. Per 11/12/13 progress report, he reports his level of pain as 7/10. He has been diagnosed with status post fusion, disorder of the muscle/ligament, and lumbar disc degeneration. CT myelogram dated 9/10/13 revealed functional breakdown at C7-T1, with an anterior osteophyte, and decreased disc height at C5-C6. There was what appeared to be a calcifying herniated disc, right paracentral location, causing distortion of the traversing C6 nerve root. Electrodiagnostic study performed 12/21/13 revealed bilateral carpal tunnel syndrome, mild in severity; right ulnar neuropathy at the elbow; bilateral C6 radiculopathy, chronic; no evidence of a left sided or right sided cervical plexopathy. The injured worker has had spinal fusion and instrumentation from L4-S1 with spinal cord stimulator, date unknown; and anterior cervical decompression and fusion from C6-C7, date unknown. He underwent thoracic radiofrequency ablation 9/2/11 with 75 percent pain relief and relief of symptoms for nearly 2 years. He also had lumbar steroid injection with improvement of pain in the lower extremities in the past. The date of UR decision was 9/18/13. The latest available medical document for this review was dated 12/21/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspirone 10 mg tablet: 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 Official Disability Guidelines (ODG), Chronic Pain Chapter and the website www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012122/?report=details

Decision rationale: The MTUS is silent on the use of this medication. Per Micromedex Consumer Medication Information via PubMed Health, buspirone is used to treat certain anxiety disorders or to relieve the symptoms of anxiety. The ODG guidelines state "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications. Many antidepressants, in particular the Selective Serotonin Reuptake Inhibitors (SSRIs) are considered first-line agents in the treatment of most forms of anxiety." The documentation submitted for review do not address why this medication is prescribed or what functional improvement it provides, as such the request is not medically necessary.

Simethicone 80 mg: 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 www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012122/?report=details

Decision rationale: The MTUS is silent on the use of this medication. Per Micromedex Consumer Medication Information via PubMed Health, Simethicone is used to treat pain and pressure of excess gas in the stomach and intestines. The documentation submitted for review does not address why this medication is prescribed or what functional improvement it provides, as such the request is not medically necessary.

Miralax 17 gram oral: 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 Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter and the website www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011778/?report=details

Decision rationale: According to the MTUS CPMTG and ODG citations above, "if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral

opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy." As this medication is being used to treat a side effect from one of the injured worker's industrially related medications, morphine, it is appropriate and recommended. The UR physician refers to "opioid treatment not being supported" in their rationale for denial, however, review of records does not corroborate this; in fact a pharmacy drug utilization review did not imply that opiates were not medically necessary. The UR on 4/13 certified dulcolax for opiate-induced constipation and also did not imply the opiate use was not medically necessary. The request is medically necessary.

Thermacare large/extra large back/hip bandage 1 patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 308.

Decision rationale: The MTUS ACOEM p308 considers at-home applications of local heat or cold to low back an optional physical treatment method for evaluating and managing low back complaints. Per medical record dated 8/29/13, the injured worker reports "periodic but fairly regular 'spasms' in his back." "Improvement in symptoms is noted with his medications, heat, use of spinal cord stimulator and with position change." The application of heat is supported by the guidelines, but the documentation submitted for review does not establish that this treatment is more efficacious than would be a traditional heat pack, hot towel, etc. The request is not medically necessary.