

Case Number:	CM13-0050766		
Date Assigned:	12/27/2013	Date of Injury:	12/14/2012
Decision Date:	05/29/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine & Rehabilitation 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:

The underlying date of injury in this case is 12/14/2012. The mechanism of injury is that the patient was picking up a 5-gallon bucket of water and developed low back pain. The treating diagnoses include cervical facet arthropathy and lumbar facet arthropathy. On 9/09/2013, the patient was seen in physical rehabilitation consultation with neck and low back pain. The patient was noted to have these symptoms since the injury of 12/14/2012. Prior treatment had included chiropractic. The patient additionally had a THC card for insomnia and was treated with Norco, Norflex, and gabapentin. Past MRI of the lumbar spine on 03/15/2013 was noted to show a right paracentral disc protrusion at L5-S1. On 03/21/2013, an MRI of the cervical spine showed facet arthropathy at C3-4 and C4-5 with stenosis at multiple levels. Lumbar motion was mildly decreased in all directions. No specific focal neurological deficit was noted. The treating physician performed urine drug testing and recommended reduction of Norco for 8 per day down to 6 per day and also prescribed Norflex and Terocin patches as well as Senna 2 times a day for opioid-induced constipation. The patient completed a new patient questionnaire on 09/09/2013 in which the patient reported that past treatment had included acupuncture which helped his low back for a couple days as well as chiropractic, medications, heating pad, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, discussed the four A's of opioid management. The medical records in this case do not clearly document functional improvement from past opioids. The records do not clearly review the patient's past opioid prescriptions or providers and do not provide a risk versus benefit rationale overall consistent with the details suggested in the four A's of opioid management. This request is not medically necessary.

TEROCIN PAIN PATCH BOX (10 PATCHES): Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental and that the physician should specifically document the rationale and mechanism of action proposed for topical agents. The medical records contain very limited information in this case. Teroцин is not medically necessary.

ORPHENADRINE CITRATE 100 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, Evaluation and Management of Common Health Problems and Functional Recovery In Workers, Second Edition, 2004, and the Chronic Pain Chapter, page 128.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines state that short-term use of non-sedating muscle relaxants is recommended; however, long-term use of muscle relaxants in a chronic setting is not supported. The medical records do not provide alternate rationale for this chronic request. This is not medically necessary.

DOCUSATE/SENNOSIDES 50/806 MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77 and 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Initiating Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines state that prophylactic treatment of constipation should be initiated with the initiation of opioids. A prior physician review recommended non-certification of docusate since there was no specific indication documented. The medical records do indicate that this has been requested for treatment of opioid-induced constipation. However, most notable, the treatment guidelines do not require documentation of constipation before initiating treatment with docusate. Rather, the guidelines specifically recommend treatment of constipation on a preventive or prophylactic basis. Overall, the records do support indication for docusate. This request is medically necessary.

ACUPUNCTURE FOR LUMBAR SPINE (6 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Acupuncture Treatment Guidelines, section 24.1, states that in patients who have previously received acupuncture, acupuncture should be continued only if there is specific documentation of functional benefit from the past acupuncture. The medical records briefly discuss pain relief from the acupuncture. However, the records do not discuss past functional improvement from acupuncture or specific functional goals from continued acupuncture. This request is not medically necessary.