

Case Number:	CM13-0053578		
Date Assigned:	12/30/2013	Date of Injury:	02/04/2000
Decision Date:	03/10/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/07/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

This 51 year old claimant suffered an industrial injury on 2/4/2000. As per PR dated 9/4/2013, the claimant c/o pain in the neck and low backache. On Examination- reveals back spasms, painful all range of movements, positive Lasegue`s sign bilaterally, positive straight leg raising sign, weakness at 4-5, tenderness at L4-5 and L5-S1 and decreased sensation at Rt L4-5 dermatome. Examination of the cervical spine reveals spasm, painful movements all, and facet tenderness. Diagnosis - 1) S/P Lumbar Fusion with subsequent hardware removal; 2) Failed back Syndrome; 3) Chronic Low Back Pain; 4) Cervical Spine DDD. Treatment - for Review- - Colace 100mg # 180 - Prilosec 20mg #60 - Lidoderm patch # 60 The above treatment was not certified and is for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg (180): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation ODG-TWC-Pain (Chronic)(Updated 11/14/2013)- Opioid-induced constipation treatment.

Decision rationale: Colace is a good stool softener. This patient has been on opioid medication for a long time. The physician has not been able to document any history of constipation. Since the medication was prescribed as a prophylactic treatment of constipation induced by the use of opioids, and since Opioid treatment was noted as not medically necessary, then the request for Colace is not medically necessary.

60 Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS - GI symptoms- Omeperazole Cardiovascular side effects Page(s): 68. Decision based on Non-MTUS Citation ODG-TWC-Pain (Chronic) (Updated 11/14/2103) Proton Pump Inhibitors.

Decision rationale: Omeperazole is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who are at risk of gastro-intestinal bleeding. This patient is taking two NSAIDs without any documented GI distress symptom, therefore the medical necessity for this GI protective medication has not been established. Since NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain therefore the request for Omeprazole 20mg, Qty 60 is not medically necessary.

60 Lidoderm Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 112,54-57. Decision based on Non-MTUS Citation ODG-TWC-Pain (Chronic) (Updated 11/14/2013) Treatment-Topical Analgesics

Decision rationale: The need for topical analgesia for this patient is not necessary. Reports do not document any intolerance to the regular pain medications being used. The criteria are not met. Regarding the request for Lidoderm Patch, it is recommended for treatment of Neuropathic pain as well as localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is no documentation that this recommendation was followed. Therefore the request for 60 Lidoderm patch is not medically necessary.