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| Case Number: | CM13-0056725 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 11/19/2003 |
| Decision Date: | 03/31/2014 | UR Denial Date: | 11/14/2013 |
| Priority: | Standard | Application Received: | 11/22/2013 |

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 Physical Medicine and 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 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:

The patient is a 60-year-old male who reported an injury on 11/19/2003. The mechanism of injury was not specifically stated. The patient is diagnosed as status post lumbar fusion, chronic pain syndrome, lumbar radiculopathy, and left SI dysfunction. The patient was evaluated on 10/24/2013. The patient reported worsening lower back pain with left lower extremity symptoms. Physical examination revealed tenderness to palpation, decreased sensation, positive straight leg raising, decreased range of motion, positive Fortin testing, positive Gaenslen's testing, and positive compression and distraction testing on the left. The treatment recommendations included continuation of the current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortripyline HCL 25mg #60: Upheld

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 Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. The patient

has continuously utilized this medication. Despite ongoing use, the patient continues to report worsening lower back pain with left lower extremity symptoms. The patient continues to report occasional numbness and tingling in the left lower extremity. There is no documentation of a satisfactory response to treatment. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

Docuprene 100mg #60: Upheld

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, Opioid Induced Constipation Treatment.

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state first line treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, the patient is also currently being treated with Senna S for constipation. The patient does not report gastrointestinal complaints. The medical necessity for 2 separate medications for constipation treatment has not been established. Therefore, the request is non-certified.