

Case Number:	CM13-0057513		
Date Assigned:	12/30/2013	Date of Injury:	02/11/2000
Decision Date:	05/28/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/25/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 71-year-old female who reported an injury on 02/11/2000. The mechanism of injury was not stated. Current diagnoses include hypertension, GERD, bilateral carpal tunnel syndrome, and status post bilateral knee replacement. The most recent Physician's Progress Report submitted for this review is documented on 11/06/2013. The injured worker reported persistent pain with stiffness and difficulty ambulating. Physical examination was not provided. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM 0.5 MG #30 WITH FOUR (4) REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Section..

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. As per the documentation submitted, the injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the requested medication has not been

established. Additionally, there is no evidence of this injured worker's active utilization of this medication. There is also no frequency listed in the current request. As such, the request is not medically necessary or appropriate.

ALIGN CAPS #28 WITH SIX (6) REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 opioid-induced constipation treatment is recommended. First-line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. There is no documentation of chronic constipation or gastrointestinal complaints. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. Based on the clinical information received, the request is not medically necessary or appropriate.

CONSTIPATION CAPSULES 50/8.5/5 #60 WITH SIX (6) REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 opioid-induced constipation treatment is recommended. First-line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. There is no documentation of chronic constipation or gastrointestinal complaints. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. Based on the clinical information received, the request is not medically necessary or appropriate.