

Case Number:	CM13-0060114		
Date Assigned:	12/30/2013	Date of Injury:	09/11/2009
Decision Date:	05/15/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/03/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 57-year-old female who reported an injury on 09/11/2009. The mechanism of injury was not stated. Current diagnoses include depression with anxiety, radiculopathy, and patellar tendonitis. The injured worker was evaluated on 10/30/2013. The injured worker reported increasing bilateral lower extremity pain. Physical examination revealed tenderness to palpation, paravertebral muscle spasm, tight muscle banding, tenderness over the sacroiliac spine, mild medial joint line swelling bilaterally, tenderness over the patella and quadriceps tendon, and negative orthopedic testing. Treatment recommendations included continuation of Laxilose, Vicodin, Ambien, Prilosec, and Flurbiprofen cream

IMR ISSUES, DECISIONS AND RATIONALES

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

LAXILOSE 10MG DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. There is no documentation of chronic constipation or gastrointestinal complaints. There is also no evidence of a failure to respond to first line treatment as recommended by Official Disability Guidelines. There is also no quantity listed in the current request. Therefore, the request is non-certified.

VICODIN 5/500MG TWICE A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized Vicodin 5/500 mg since 08/2013. Despite ongoing use of this medication, there is no evidence of objective functional improvement. There is also no quantity listed in the current request. Therefore, the request is non-certified.

PRILOSEC 20MG DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no documentation of cardiovascular disease or increased risk factors. There is also no quantity listed in the current request. Therefore, the request is non-certified.