MAXIMUS Federal Services

Case Number:	CM13-0063777		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2012
Decision Date:	07/02/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/10/2013

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 Texas. 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 48-year-old female who reported an injury on 08/09/2012. The mechanism of injury was not provided. Current diagnoses include predominant left sided lumbar radiculopathy, cervical strain, left hip internal derangement with labral tear, thoracic strain, and status post right shoulder surgery with residual pain and weakness. The injured worker was evaluated on 10/29/2013. The injured worker reported increasing pain in the hip and lower back. Physical examination revealed positive straight leg raising; positive Lasegue's testing; diminished lumbar, thoracic, and cervical spine range of motion; tenderness to palpation of the cervical spine with spasm on the left; tenderness over the right superior shoulder and AC region; limited right shoulder range of motion; positive Patrick's testing; tenderness of the greater trochanteric area on the left; and limited left hip range of motion. Treatment recommendations at that time included authorization for a second opinion orthopedic surgeon and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKELAXIN 800MG 1 TABLET B.I.D. AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin).

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. The current request does not include a quantity. Therefore, the current request cannot be determined as medically appropriate. Additionally, Guidelines do not recommend long-term use of this medication. As such, the request for Skelaxin 800mg 1 tablet B.I.D. as needed is not medically necessary.

SENNA LAX 8.6 MG 1-2 Q.P.M.: 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), Opioid.

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. The 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. As per the documentation submitted, the injured worker does not report chronic constipation or gastrointestinal complaints. The medical necessity for 2 separate laxative medications has not been established. There is also no evidence of a failure to respond to first line treatment. There is no quantity listed in the current request. As such, the request for Senna Lax 8.6 mg 1-2 Q.P.M. is not medically necessary.

PROMOLAXIN 100MG 1-4 TABLETS Q.H.S FOR CONSTIPATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Opioid- Induced Gastrointestinal Effects, Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy [with 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. The 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. As per the documentation submitted, the injured worker does not report chronic constipation or gastrointestinal complaints. The medical necessity for 2 separate laxative medications has not been established. There is also no evidence of a failure to respond to first

line treatment. There is no quantity listed in the current request. As such, the request for Promolaxin 100 mg 1-4 Tablets Q.H.S for Constipation is not medically necessary.

ZOFRAN ODT 4MG #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Antiemetics (for opioid nausea).

Decision rationale: The Official Disability Guidelines state Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is indicated for nausea and vomiting secondary to chemotherapy and radiation treatment, and for postoperative use. The injured worker does not meet any of the above-mentioned criteria as outlined by the Official Disability Guidelines. Therefore, the request for Zofran ODT 4mg #20 is not medically necessary.

SECOND OPINION ORTHOPEDUC CONSULT WITH [redacted] MD OR HIS ASSOCIATE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127,156.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker does continue to report severe left hip and lower back pain. While the injured worker may meet criteria for a second opinion referral, the current request for a referral with a specialist outside of the medical provider network cannot be determined as medically appropriate. As such, the request for Second Opinion Orthopeduc Consult with [redacted] MD or His Associate is not medically necessary.