

Case Number:	CM13-0066968		
Date Assigned:	01/03/2014	Date of Injury:	10/19/2005
Decision Date:	05/28/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 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 50-year-old female who reported an injury on 10/19/2005. The mechanism of injury was not provided in the medical records. Her symptoms included pain to the lumbar spine rated at a 5/10 to 7/10 which radiated to the bilateral lower extremities to the big toes. She reported constant numbness and tingling on the same area as the pain. She had weakness of both lower extremities and uses a cane part time. Physical exam findings were not provided in the medical records. The injured worker was diagnosed with adhesive capsulitis of shoulder. The injured workers medication regimen included Norco, Prilosec, Axid, and Senna. Diagnostic studies included an official MRI of the lumbar spine with contrast on 11/01/2013, read by the physician, to reveal degenerative changes at the L3 to S1 mostly at L4-5, annular tear at L3-4 and L4-5, mild spinal stenosis at L4-5, and postsurgical changes. On 11/26/2013, a request for a walker with wheels and seat, right ankle laced/Velcro brace, lumbar spine support, Norco, Prilosec, and Senna was made. The rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 NORCO 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS - ONGOING MANAGEMENT Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the 4 A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The documentation submitted for review indicated the injured worker reported constant pain to the lumbar spine and was noted to be taking Norco for pain. However, the documentation failed to provide evidence of increased function with the use of opioids and whether there had been reported adverse effects or aberrant drug taking behaviors. In the absence of detailed documentation, as required by the Guidelines, for the ongoing use of opioid medications, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Given the above, the request for 60 NORCO 7.5MG is non-certified.

60 PRILOSEC 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS (PPIs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy. The documentation submitted for review indicated the injured worker's current medications included Norco, Prilosec, Senna, and Axid. The documentation failed to provide evidence of the injured worker taking an NSAID or documentation of dyspepsia. It was unclear if the injured worker had a history of peptic ulcer, GI bleeding or perforation. The injured worker was also noted to be taking Axid, which also treats GERD, and a rationale for the need of both Prilosec and Axid was not provided. Therefore, in the absence of documentation of gastrointestinal disorders or that the injured worker complained of dyspepsia secondary to NSAID therapy, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Given the above, the request for 60 PRILOSEC 20MG is non-certified.

30 SENNA S: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCKAY SL, FRAVEL M, SCANLON C. MANAGEMENT OF CONSTIPATION. IOWA CITY (IA): UNIVERSITY OF IOWA, GERONTOLOGICAL NURSING INTERVENTIONS RESEARCH CENTER, RESEARCH TRANSLATION AND DISSEMINATION CORE; 2009 OCT., PAGE 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, INITIATING THERAPY Page(s): 77.

Decision rationale: According to the California MTUS guidelines, prophylactic treatment of constipation should be initiated with opioid medications. The Official Disability Guidelines further state that prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. The first line of treatment includes increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. If first line treatments do not work, there are other second line options. The traditional constipation medications do not work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. The documentation submitted for review failed to provide evidence of opioid-induced constipation. Therefore, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Given the above, the request for 30 SENNA S is non-certified.

A WALKER WITH WHEELS AND A SEAT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: KNEE AND LEG (ACUTE AND CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, (ODG), KNEE AND LEG CHAPTER, WALKING AIDS: (CANES CRUTCHES, BRACES, ORTHOSES AND WALKERS).

Decision rationale: The Official Disability Guidelines further state walking aids (canes, crutches, braces, orthosis, and walkers) are recommended. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. In patients with osteoarthritis, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction movement by 10%. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biochemical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with osteoarthritis. The documentation submitted for review indicated the injured worker had weakness to both lower extremities and used a cane part time. However, the documentation failed to provide a rationale as to why the injured worker is unable to use the cane full time or evidence of a change in condition which would now warrant the need for a walker with wheels and a seat. Therefore, the request is not supported. Given the above, the request for A WALKER WITH WHEELS AND A SEAT is non-certified.

A LUMBAR SPINE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES,(ODG) LOW BACK, LUMBAR SUPPORTS.

Decision rationale: ACOEM states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines further state lumbar supports are not recommended for prevention but recommended as an option for treatment. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports do not prevent low back pain. Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of non-specific low back pain. For treatment of non-specified low back pain, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain and at improving functional capacity at 30 and 90 days in people with sub acute low back pain lasting 1 to 3 months. However, evidence was weak. The documentation submitted for review indicated the injured worker had constant pain to the lumbar spine rated 5-7/10. There was no indication the injured worker had any instability. As the Guidelines state there is strong and consistent evidence that lumbar supports are not effective in preventing back pain and evidence was weak with the use of lumbar supports for treatment of low back pain, the request is not supported. Given the above, the request for A LUMBAR SPINE BRACE is non-certified.