

Case Number:	CM13-0069268		
Date Assigned:	01/03/2014	Date of Injury:	01/18/2006
Decision Date:	07/07/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/20/2013

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 Occupational Medicine 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:

This is a 53 year-old female who has reported pain in the shoulder, wrist, neck and back after an injury on 1/18/06. Diagnoses have included cervical and lumbar degenerative disc disease, and shoulder sprain/strain. Treatment has included physical therapy, chiropractic, acupuncture, injections, and medications. None of the primary treating physician reports during 2013 discuss the specific results of using any medication, or even if the injured worker takes the medications that are dispensed to her at the physician's office. Although the reports do not provide a clear medication history, it appears that an NSAID, muscle relaxant, omeprazole, and a laxative have been dispensed on a periodic and repetitive basis during 2013. On 1/7/13 and 7/31/13 there was constipation and Promolaxin was dispensed. There was no discussion of the constipation condition, although some of the July report is not legible. Per the PR2 of 11/8/13, there was multifocal pain, no medication side effects, and "slight constipation" for which dietary changes were not always effective. The physical exam was orthopedic in nature, and showed limited range of motion and tenderness of the neck and back. Cyclobenzaprine, diclofenac, and omeprazole were refilled. Docusate was given for constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate: 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 Initiating Therapy [with opioids] Prophylactic treatment of constipation should be initiated Page(s): 77.

Decision rationale: The MTUS addresses laxatives in the context of using laxatives when prescribing opioids, which is not the case here. Other guidelines were consulted. Up-To-Date, cited above, recommends a thorough evaluation, including a history and focused physical examination prior to initiating treatment with laxatives. There is no evidence in this case of anything more than a cursory evaluation, if that, of the constipation present in this injured worker. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Given the lack of a sufficient evaluation, and the lack of a sufficiently specific request, the request for Ducusate is not medically necessary.

Diclofenac: 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 Medications for chronic pain, NSAIDs for Back Pain - Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Diclofenac has the highest cardiovascular risk of the NSAIDs, and should not be the NSAID of first choice. The treating physician has not provided any reasons why diclofenac has been prescribed rather than safer alternatives. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. In all cases, the MTUS recommends limiting the use of NSAIDs to the shortest time possible. In this case, NSAIDs have been dispensed without a clear assessment of safety or toxicity monitoring, without clear benefit, and counter to the recommendations of the MTUS. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for NSAIDs, per the MTUS, should be for short term use in most cases. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Therefore, the request for Diclofenac is not medically necessary and appropriate.

Omeprazole: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. There is no examination of the abdomen on record. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for proton pump inhibitors, per the MTUS and safety recommendations, should be for short term use only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Therefore, the request for Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

Cyclobenzaprine: 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 muscle relaxants Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic LBP. The muscle relaxant prescribed in this case is sedating. This patient has chronic pain with no evidence of prescribing for flare-ups. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Flexeril, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for muscle relaxants, per the MTUS, should be for short term use only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Therefore, the request for Cyclobenzaprine is not medically necessary.