

Case Number:	CM13-0072634		
Date Assigned:	01/08/2014	Date of Injury:	01/28/2011
Decision Date:	06/23/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/31/2013

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 and 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 51-year-old female who reported an injury on January 20, 2011. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her shoulder, neck, and low back. The injured worker's treatment history included surgical intervention, physical therapy, and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on October 16, 2013. The injured worker's medications included Vicoprofen 7.5/200mg, Voltaren Gel 2grams to affected areas, Dioctyl Sodium Sulfosuccinate (DSS) 10mg, senna 8.6mg, milk of magnesia 30mL, Naprosyn 375mg, Flexeril 10mg, and Neurontin 300mg. Physical findings at that appointment included restricted range of motion of the cervical spine with tenderness to palpation of the left trapezius with a negative Spurling's sign. Evaluation of the lumbar spine documented tenderness to palpation over the lumbosacral area with 75% restricted range of motion, a positive left sided straight leg raising test, and equivocal Patrick's sign. The injured worker's diagnoses included cervical degenerative disc disease, lumbar degenerative disc disease, lumbar facet arthrosis, left shoulder pain status post arthroscopic procedure, and sacroiliac joint dysfunction. The injured worker's treatment plan included physical therapy, the purchase of a TENS unit as the patient has benefitted from a TENS unit during physical therapy, an epidural steroid injection, and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIOCTYL SODIUM SULFOSUCCINATE (DSS) 100MG, #270 WITH 2-REFILLS:
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 Opioids, Initiating Therapy, Page(s): 77.

Decision rationale: The requested milk of magnesia is not medically necessary or appropriate. The California MTUS does support the use of prophylactic treatment of constipation in the management of chronic opioid usage. The clinical documentation does indicate that the injured worker reports moderate constipation related to medication usage. However, guidelines recommend ongoing use of medications in the management of chronic pain be supported by symptom relief and functional benefit. The clinical documentation fails to provide any evidence that the injured worker has any symptom relief related to this medication. Therefore, continued use would not be supported. As such, the request is not medically necessary or appropriate.

VOLTAREN GEL 2 GRAMS (TUBES) #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111.

Decision rationale: The requested Voltaren Gel is not medically necessary or appropriate. The California MTUS Guidelines recommend the use of topical nonsteroidal anti-inflammatory drugs when the injured worker is unable to tolerate oral formulations of this medication or when oral formulations of nonsteroidal anti-inflammatory drugs are contraindicated for the injured worker. The clinical documentation submitted for review does not provide any evidence that the injured worker cannot tolerate nonsteroidal anti-inflammatory drugs. Additionally, the clinical documentation does indicate that the injured worker has been using this medication since at least April 2013. Guidelines do not recommend long term use of nonsteroidal anti-inflammatory drugs as topical analgesics. Therefore, continued use of this medication would not be supported. As such, the request is not medically necessary or appropriate.

SENNA 8.6MG, #180 WITH 2-REFILLS: 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 Opioids, Initiating Treatment, Page(s): 77.

Decision rationale: The requested Senna is not medically necessary or appropriate. The California MTUS Guidelines do support the use of prophylactic treatment of constipation in the management of chronic opioid usage. The clinical documentation does indicate that the injured worker reports moderate constipation related to medication usage. However, Guidelines recommend ongoing use of medications in the management of chronic pain be supported by symptom relief and functional benefit. The clinical documentation fails to provide any evidence that the injured worker has any symptom relief related to this medication. Therefore, continued use would not be supported. As such, the request is not medically necessary or appropriate.

MILK OF MAGNESIA 30 ML (BOTTLE): 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 Opioids, Initiating Treatment, Page(s): 77.

Decision rationale: The requested milk of magnesia is not medically necessary or appropriate. The California MTUS does support the use of prophylactic treatment of constipation in the management of chronic opioid usage. The clinical documentation does indicate that the injured worker reports moderate constipation related to medication usage. However, guidelines recommend ongoing use of medications in the management of chronic pain be supported by symptom relief and functional benefit. The clinical documentation fails to provide any evidence that the injured worker has any symptom relief related to this medication. Therefore, continued use would not be supported. As such, the request is not medically necessary or appropriate.

NAPROSYN 375MG, #60 WITH 2-REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 63-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 67.

Decision rationale: The requested Naprosyn is not medically necessary or appropriate. The California MTUS does recommend the use of nonsteroidal anti-inflammatory drugs as a first line treatment in the management of chronic pain. However, guidelines recommend the ongoing use of this type of medication in the management of chronic pain be supported by documentation of functional benefit and symptom response. The clinical documentation submitted for review does not provide any evidence that the injured worker has any type of pain relief related to medication usage. Additionally, the clinical documentation fails to identify any functional benefit related to medication usage. Therefore, continued use of this medication would not be supported. As such, the request is not medically necessary or appropriate.

FLEXERIL 10MG, #90 WITH 2-REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-68.

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

Decision rationale: The requested Flexeril is not medically necessary or appropriate. The California MTUS does not recommend the extended use of muscle relaxants in the management of chronic pain. Guidelines recommend the duration of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The request for 270 tablets exceeds this recommendation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the request is not medically necessary or appropriate.

SOMA 350MG, #30 WITH 2-REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

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

Decision rationale: The requested Soma is not medically necessary or appropriate. The California MTUS does not recommend the extended use of muscle relaxants in the management of chronic pain. Guidelines recommend the duration of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The request for 270 tablets exceeds this recommendation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the request is not medically necessary or appropriate.

PURCHASE OF A TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114.

Decision rationale: The requested purchase of a TENS unit is not medically necessary or appropriate. The clinical documentation does indicate that the injured worker used a TENS unit during physical therapy with unofficial results. However, guidelines recommend the purchase of this equipment be based on documentation of a 30 day trial that produced functional benefit and symptoms response. As there is no indication that the injured worker used this equipment for a 30 day trial, purchase would not be supported. As such, the requested purchase of TENS unit is not medically necessary or appropriate.

TENS UNIT SUPPLIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested TENS unit is not supported, ancillary supplies would also not be medically necessary.