MAXIMUS Federal Services

Case Number:	CM14-0000055		
Date Assigned:	01/10/2014	Date of Injury:	06/02/2008
Decision Date:	06/19/2014	UR Denial Date:	12/13/2013
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 66-year-old male who reported an injury on 6/2/08. The mechanism of injury was not provided for review. Current diagnoses include status post open reduction internal fixation of the right ankle and foot, status post multiple surgeries of the right ankle, right-sided low back pain, status post radiofrequency ablation at L3-L5 in October 2011, and depression with anxiety. The injured worker was evaluated on 10/3/13 where he reported ongoing lower back pain. Current medications include Ultracet 37.5/325mg, Colace 100mg, Neurontin 400mg, Effexor XR 75mg, and Ambien 10mg. Physical examination was not provided on that date. Treatment recommendations included a refill of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLACE 100MG, #200: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, , 77

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 77

Decision rationale: The California MTUS Guidelines state that prophylactic treatment of constipation should be initiated when also initiating opioid therapy. The Official Disability Guidelines state that first line treatment for opioid-induced constipation 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 maintain a diagnosis of chronic constipation. The injured worker has utilized Colace 100mg since 2/21/13. The medical necessity for the ongoing use of this medication has not been established. There is no evidence of a failure to respond to first line treatment. There is also no frequency listed in the current request. As such, the request is not medically necessary.

PRILOSEC 20MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, , 67-68

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 68-69

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors are recommended for patients who are 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 nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. As such, the request is not medically necessary.

ULTRACET 37.5/525MG, #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, , 78

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 74-82

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Ultracet 37.5/325mg since February 2013. There is no evidence of objective functional improvement. The injured worker continues to report worsening lower back pain. There is also no frequency listed in the current request. As such, the request is not medically necessary.