

Case Number:	CM14-0000383		
Date Assigned:	01/17/2014	Date of Injury:	02/22/1996
Decision Date:	06/19/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 reported an injury on 02/22/1996 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her low back and bilateral wrists. The injured worker ultimately developed complex regional pain syndrome and was treated with multiple medications and implementation of a spinal cord stimulator. The injured worker was evaluated on 12/18/2013. It was documented that the injured worker had 9/10 pain without medications, reduced to a 7/10 pain with medications. The physical findings included limited range of motion secondary to pain with spinous process tenderness from the L4-S1 and myofascial tenderness on palpation. Evaluation of the cervical spine revealed restricted range of motion secondary to pain with tenderness to palpation of the spinous process from the C4-7 and cervical myofascial tenderness and paraspinal muscle spasming noted on palpation. The injured worker's diagnoses included lumbar radiculopathy, cervical radiculopathy, myalgia/myositis, fibromyalgia, headaches, chronic pain, and chronic nausea and vomiting. The injured worker's treatment plan included a B12 injection, and medication refills. The injured worker's medications included vitamin D, tizanidine, pantoprazole, Senokot-S, Neurontin, hydrocodone/APAP, Naprosyn, and a Butrans patch. It was noted within the documentation that the injured worker was considered compliant with consistent urine drug screens and CURES reporting and the injured worker was engaged in a pain contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENOKOT-S 8.6/50MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has been on this medication for at least 6 months. California Medical Treatment Utilization Schedule does support the prophylactic treatment of constipation when an injured worker's chronic pain is managed by chronic opioid therapy. The clinical documentation does support that the injured worker has been on chronic opioid therapy for an extended duration of time; however, the injured worker's most recent clinical evaluation does not provide an adequate assessment of the injured worker's gastrointestinal system to support that the injured worker has side effects that require medication management. The clinical documentation does not provide any findings or complaints of side effects that would require this type of medication. Therefore, the request for Senekot-S 8.6/50 mg #90 is not medically necessary or appropriate.

OXYCODONE HCL 5MG #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: California Medical Treatment Utilization Schedule recommends continued use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior and a quantitative assessment of pain relief. The clinical documentation submitted for review does indicate that the injured worker has been on opioid therapy for an extended duration of time; however, the submitted documentation inadequately addresses functional benefit resulting from opioid usage. Therefore, the request for oxycodone HCl 5 mg #300 is not medically necessary or appropriate.