

Case Number:	CM14-0001709		
Date Assigned:	01/22/2014	Date of Injury:	12/07/2012
Decision Date:	06/11/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/06/2014

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 Orthopedic Surgery 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 record notes a 50-year-old individual with a date of injury of December 7, 2012. The mechanism of injury reported was being struck by a bicyclist. The record indicates the treatment has included analgesic medication, transfer of care to various specialties, chiropractic manipulation, and rest/activity modification. Included in the medical record is documentation that, as a result of this accident, the claimant sustained a right tibial plateau fracture (Schatzker type II). The most recent progress note provided for review is dated December 20, 2013, and is handwritten, with a preprinted checkbox format noting that the claimant complains of pain and is taking medications as directed. Physical examination reveals a BP of 94/64, and a weight of 94 pounds. The assessment noted is insomnia, depression, and headache. The treatment recommendations are for continued pharmacotherapy, and follow-up is recommended in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLACE 100 MG EVERY DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

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

Decision rationale: Colace (Ducosate) is a stool softener, useful for the treatment of constipation. There is no documentation of narcotic usage, and no documentation of a diagnosis of constipation. While this medication is recommended for prophylaxis in a clinical setting of ongoing opioid therapy, or constipation, there's no such documentation. In the absence of documentation to substantiate the medical necessity of this request, this request is not medically necessary.

ZOLOFT 25 MG EVERY DAY, #30: Overturned

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 SSRI Page(s): 107.

Decision rationale: The California MTUS notes that selective serotonin reuptake inhibitors are not recommended for the treatment of chronic pain, but may be beneficial for the treatment of psychosocial symptoms associated with chronic pain. Based on the clinical documentation provided, this medication is being utilized to treat symptoms of depression. It appears that there is a clinical indication for the use of this medication. However, at the time of the last encounter (December 20, 2013). A recommendation was made for follow-up in 6 weeks. When noting the claimant's overall medical condition, and that no follow-up is noted since December, 2013, it is unclear whether the appropriate and up-to-date laboratory findings support the ongoing use of this medication. With this information, the request is not medically necessary.

GABAPENTIN 100 MG EVERY DAY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16.

Decision rationale: Neurontin is a medication indicated for neuropathic pain. The diagnoses noted in the most recent medical record include insomnia, depression, and headache. The record provides no documentation evidencing functional improvement with this medication. Details of the headache are not explored to identify that the guidelines support the diagnosis for which this medication is being used. In the absence of demonstration of functional improvement, required by the guidelines, there is insufficient clinical data provided to support the ongoing use of this medication.