

Case Number:	CM14-0005437		
Date Assigned:	02/07/2014	Date of Injury:	01/05/2011
Decision Date:	07/14/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/15/2014

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 Rehabilitation, has a subspecialty in Pain 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 is a 58-year-old male who reported an injury on 01/05/2011 after he was struck in the neck by a power tool. The injured worker developed persistent and chronic cervical neck pain with associated radiculopathy. The injured worker was treated conservatively with physical therapy, medications, and activity modifications. The injured worker was evaluated on 12/20/2013. It was documented that the injured worker had decreased activities and sleep quality related to pain. It was noted that the injured worker's pain medications were working to reduce pain. The injured worker's medications were listed as Nucynta 50 mg, docusate sodium 250 mg, Neurontin 300 mg, and Prilosec 20 mg. The injured worker's review of symptoms indicated neck pain complaints and muscle pain, constipation, heartburn and indigestion, and sleep disturbances. Physical findings included limited cervical spine range of motion secondary to pain with tenderness to palpation of the cervical paraspinal musculature and trapezius. The injured worker's diagnoses included cervical pain, cervical radiculopathy, disc disorder of the cervical spine and shoulder pain. The injured worker's treatment plan included a new medication trial of ConZip 100 mg take 1 daily, Neurontin 3 times a day, docusate sodium, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONZIP 100 MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management and Initiating Therapy Page(s): 77 and 78.

Decision rationale: The requested ConZip 100 mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends ongoing use of opioids be documented by functional benefit, a quantitative assessment of pain relief, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on opioid therapy for an extended duration of time. However, there is no quantitative assessment or documentation of functional benefit to support continued opioid usage. Additionally, the request is for an initial trial of this medication. The California Medical Treatment Utilization Schedule recommends a urine drug screen when initiating opioids on a trial basis. Furthermore, the request as it is submitted does not clearly define a frequency of treatment. Therefore, there is no way to determine if the medication provides an adequate trial to support continued treatment. As such, the requested ConZip 100 mg #30 is not medically necessary or appropriate.

DOCUSATE 250MG SOFTGEL #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-80.

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

Decision rationale: The requested docusate 250 mg soft gel #180 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of stool softeners as prophylactic treatment when initiating opioid therapy. The clinical documentation does indicate that the injured worker complains of constipation. No other evaluation of the injured worker's gastrointestinal system was provided. Therefore, the effectiveness of this medication cannot be determined. Furthermore, the request as it is submitted does not clearly define a frequency of treatment. As such, the requested docusate 250 mg soft gel #180 is not medically necessary or appropriate.

PRILOSEC 20MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Prilosec 20 mg #90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of a gastrointestinal protectant be supported by a documented risk assessment of gastrointestinal disturbances related to medication usage. The clinical documentation does indicate that the

injured worker complains of heartburn and has a diagnosis of medication-induced gastritis. However, and adequate assessment of the injured worker's gastrointestinal system was not provided to support the injured worker is at continued risk for developing gastrointestinal events related to medication usage. Therefore, continued use of this medication would not be supported. Additionally, the request as it is submitted does not clearly define a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Prilosec 20 mg #90 is not medically necessary or appropriate.