

Case Number:	CM14-0008562		
Date Assigned:	02/21/2014	Date of Injury:	10/14/1997
Decision Date:	06/24/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/21/2014

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 and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 50-year-old female who reported an injury on 10/14/1987. The mechanism of injury was not provided in the documentation submitted. The clinical note dated 10/31/2013 reported the injured worker complained of low back pain at night. The injured worker described the pain as stabbing pains to her lower back. The injured worker complained of right lower extremity pain described as aching, burning, and crushing. The injured worker also complained of constipation. The injured worker noted pain was aggravated by activity, sitting upright, prolonged sitting, and tight clothing around the waist. The injured worker was prescribed a pain pump, Lidoderm, Simvastatin, Generlac, Bystolic, and Amitriptyline. On the physical assessment, the provider indicated that the injured worker was alert and oriented x3. The injured worker has diagnoses of lumbar radiculopathy, low back pain, and lumbar disc degenerative disease. The provider requested the injured worker to continue Generlac syrup 10 g/15 mL. This authorization was provided and submitted on 11/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENERLAC SYRUP 10G/ 15 ML: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Criteria for U.

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

Decision rationale: The request for generlac syrup 10 g/15 mL is certified. The injured worker complained of low back pain. The injured worker also complained of right lower extremity pain described as aching, burning, and crushing. The injured worker also complained of constipation. The injured worker was prescribed a pain pump, Lidoderm, Simvastatin, Generlac, Bystolic, and Amitriptyline. The California MTUS Guidelines indicate prophylactic treatment for constipation should be initiated with opioid therapy. The clinical documentation submitted supports the provider's rationale for the request. The clinical documentation submitted indicates the injured worker complained of constipation and is utilizing a pain pump with opioid medication. Therefore, Generlac syrup 10 g/15mL is medically necessary.