MAXIMUS Federal Services

Case Number:	CM14-0014512		
Date Assigned:	02/28/2014	Date of Injury:	10/18/2012
Decision Date:	06/27/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 64-year-old male with a reported injury date on 10/19/2012; the mechanism of injury was not provided. The injured workers diagnoses include lumbosacral radiculitis. Current medication use was noted to include Ultram 600 mg twice a day as needed, Norco soft twice a day as needed, and Citrucel as directed. It was noted the injured worker had an official x-ray of the lumbar spine which was read by [redacted], which was noted to reveal multilevel degenerative disc disease at levels L2, L4, and L5 with associated narrowing at L5-S1 disc space. It was also noted that the injured worker had received prior treatment to include 12 sessions of acupuncture, 10 sessions of chiropractic treatments, and 12 sessions of physical therapy. The clinical note dated 12/20/2013 was handwritten and hard to read; however, it appears to state that the injured worker complained of lower back pain that radiated to the bilateral lower extremities and into the foot. It was also noted that medication helped temporarily. Additionally, it was also noted in the clinical documentation that the injured worker's functional status had become worse with mild to moderate changes. Objective findings included difficulty rising from a seated position and a shuffling gait. The treatment plan of care included continuation of current medication which included Motrin 600 mg twice a day as needed, Narcosoft twice a day as needed, and Citrucel as directed. The Request for Authorization Form was not submitted with the available documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN 600MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 70-73..

Decision rationale: The request for Motrin 600 mg #60 is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that non steroidal anti-inflammatory drugs may be recommended for the treatment of osteoarthritis and mild to moderate pain. However, there is a lack of objective documentation of pain reduction and functional improvement with his current medication use. Additionally, it remains unclear how long the injured worker has currently been taking this medication. Furthermore, the documentation provided lacks adequate rationale for this requested medication. As such, this request is not medically necessary.

NORCO SOFT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting/Long-acting opioids Page(s): 75.

Decision rationale: The request for Norco soft is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that short-acting opioids are seen as an effective controlling chronic pain. They are often used for intermittent or breakthrough pain. The guidelines also state that the ongoing management of pain relief with opioids must include ongoing review and documentation of adequate pain relief, functional status, appropriate medication use, and side effects. The documentation provided lacked objective documentation of pain and reduction of functional improvement with the use of this current medication. Additionally, there is a lack of evidence of screening for possible side effects and/or appropriate drug use. Furthermore, this request remains unclear as there is no dosage and/or frequency provided and the requested medication of Norco soft is not found in standard drug formulary. As such, this request is not medically necessary.

CITRUCEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for Citrucel is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that prophylactic treatment of constipation should be initiated with opioid use. However, there is a lack of documentation provided indicating the

rationale for this requested medication. Additionally, there is no dosage and/or frequency provided with this request. As such, this request is not medically necessary.