

Case Number:	CM14-0017728		
Date Assigned:	04/16/2014	Date of Injury:	01/05/2011
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/12/2014

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 & Rehabilitation 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 patient has submitted a claim for neck pain with an industrial injury date of January 5, 2011. The treatment to date has included physical therapy, cervical epidural steroid injection, psychological treatment, and opioid and non-opioid medications, including Docusate sodium 250mg Softgel twice daily for constipation (since April 2013); Prilosec 20mg capsule daily (since April 2013), which dissipates the patient's acid reflux by 100%; and Conzip 100mg capsule daily (since January 2014), which has been helpful in alleviating pain. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck pain radiating from the neck down to both arms, rated 9/10 without Conzip and 8/10 with Conzip. The patient also reported anxiety and depression related to his limited functionality. Quality of sleep was poor. Review of systems was positive for constipation, heartburn, and indigestion. On physical examination, movements of the neck were restricted. Spurling's maneuver caused radicular symptoms on the right. Tenderness was noted in the cervical spine and trapezius. Examination of the right shoulder showed restricted movements with a positive Hawkins, Neer, Empty Can, and Speeds tests. Tenderness was also noted in the acromioclavicular joint, biceps groove, glenohumeral joint and greater tubercle of the humerus. Motor strength of grip was 5-/5 on both sides and that of the shoulder flexor was 5-/5 on the left. A utilization review from February 6, 2014 denied the requests for Conzip 100mg #30 because this synthetic opioid analog is not recommended for patients with depression; Docusate 250mg Softgel #180 because its necessity has not been established based on the current medication regimen; and Prilosec 20mg #90 because there was no documentation of gastrointestinal (GI) distress symptoms and/or GI risk factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR CONZIP 100MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113, 93 -94..

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. The MTUS guidelines state that Tramadol should not be prescribed to patients that are at risk for suicide or addiction and may produce life-threatening serotonin syndrome, in particular when used concomitantly with Selective serotonin reuptake inhibitors (SSRIs), norepinephrine reuptake inhibitor (SNRI), tricyclic antidepressants (TCAs), and Monoamine oxidase inhibitors (MAOIs), and triptans or other drugs that may impair serotonin metabolism. In this case, the medical records revealed that the patient is being treated for his psychiatric problems; however, there was no discussion regarding the types of psychiatric treatment the patient is receiving. It is important to determine whether the patient is taking psychiatric medications because Tramadol is not recommended for patients taking certain anti-depressants and there was no discussion of such in the medical records provided. The medical records also do not report whether the patient is at risk for suicide or addiction, which are contraindications to Tramadol use. Therefore, the request for Conzip 100mg, #30 is not medically necessary.

PRESCRIPTION FOR DOCUSATE 250MG SOFTGEL, #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75-80.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid therapy. In this case, the patient's current medication regimen includes opioids. The patient also reported symptoms of constipation. Therefore, the request for Docusate 250mg softgel, #180 is medically necessary.

PRESCRIPTION FOR 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 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors (PPI) are supported in the treatment of patients with gastrointestinal (GI) disorders or patients utilizing chronic non-steroidal anti-inflammatory drug (NSAID) therapy. In addition, the use of a PPI should be at the lowest dose for the shortest possible amount of time. In this case, although the patient reported symptoms of heartburn, there was no discussion regarding the duration of such symptoms and the etiology of this has not been established. Furthermore, the patient has been on Prilosec since April 2013 (13 months to date) and the MTUS guidelines recommend that PPI use should be for the shortest possible amount of time. Therefore, the request for Prilosec 20mg, #90 is not medically necessary.