

Case Number:	CM14-0110884		
Date Assigned:	08/20/2014	Date of Injury:	05/28/2002
Decision Date:	10/30/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/16/2014

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 Management 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 records presented for review indicate that this 53 year-old male was reportedly injured on May 28, 2002. The most recent progress note, dated June 6, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated an obese (205 pound) individual who was normotensive. There was tenderness to palpation in the epigastric and left lower abdominal quadrant. Diagnostic imaging studies were not reported with this note. Previous treatment includes multiple medications, pain management interventions and conservative care. A request had been made for multiple medications and was not certified in the pre-authorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone HCL 50mg #90: 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), Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine, Low back complaints, medications, antidepressants (electronically cited)

Decision rationale: As identified in the ACOEM guidelines, this type of antidepressant medication is not recommended for chronic low back pain. There is strong double blinded, peer-reviewed medical evidence not supporting the utilization of this medication. The medical records do not indicate the injured worker shows any element of depression or causes for sleep disturbance. Nor is there any indication that this medication has improved the symptomology based on the subjective complaints offered in his progress note. Therefore, based on the June 6, 2014 progress note presented for review, this is not medically necessary.

Seroquel 200mg #60: 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), Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness Chapter, Updated June 12, 2014

Decision rationale: This medication is not addressed in the MTUS or ACOEM guidelines. The parameters noted in the Official Disability Guidelines (ODG) were used. This medication is not recommended as a first-line treatment and there is insufficient evidence to recommend atypical antipsychotics for clinical conditions covered by the ODG. The progress note makes no mention of the need for an atypical antipsychotic medication. Additionally, there is no reported explanation of the efficacy in this June 6, 2014 progress note. Therefore, noting the limited clinical information presented for review with the progress note presented, tempered by the parameters noted in the ODG (and listed above), this request is not medically necessary.

Gabapentin 600mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: As outlined in the MTUS, this medication is shown to be effective for the treatment of diabetic neuropathy and close-herpetic neuralgia. Furthermore, there is an off label use for neuropathic pain. However, there is no objectification of a specific neuropathic pain generator. Additionally, there is nothing in the narrative that explains the efficacy of this medication. Therefore, this request is not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: As outlined in the MTUS, this is a short acting opioid indicated for the management of controlling moderate to severe pain. The guidelines do support short-acting opiates at the lowest possible level to improve pain and increase functionality. However, the narrative in the June 6, 2014 progress notes did not establish any improved functionality (defined as any attempt to increase activity), a decrease in pain complaints (based on the visual on scale numerology presented), or that this medication is having a desired effect. Therefore, based on the limited clinical information presented for review, and noting that there is no objectification of any efficacy or utility with the use of this medication; there is no basis to support the continued use of this medication.

Fibercon 500mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CHRISTINE HSIEH, M.D., Am Fam Physician. 2005 Dec1;72 (11):2277-2284.

Decision rationale: This product is a bulk forming fiber therapy used to address bloating and constipation. A review of the ACOEM, MTUS, and Official Disability Guidelines (ODG) do not address this particular commercial product. Furthermore, there were no noted complaints of constipation in the June 6, 2014 progress note and no physical examination findings (or that a digital rectal examination was even attempted) to support this assessment. Therefore, it is not clear why this medication is being prescribed or the clinical indication for this preparation. Thus, based on the lack of clinical data in the progress notes, this request is not medically necessary.

Baclofen 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

Decision rationale: As outlined in the MTUS, this medication is a method of treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Neither of these medical maladies is reported to be present in this clinical situation as noted with the June 6, 2014 note. Furthermore, based on the clinical information presented in this progress note there is no notation of spasticity on physical examination. As such, there is insufficient clinical data in

the records reviewed for the continued use of this medication. Therefore, this request is not medically necessary.

Bisacodyl (Dulcolax) 5mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanion C. Management of constipation, Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, research Translation and Dissemination Core:2009 Oct. 51p. [44 references]

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: This is an over-the-counter preparation used to address constipation. Specifically this is not noted in the MTUS; however the citation relative to constipation was employed. There are no complaints of constipation noted in the progress notes subsequent to 2013 or on physical examination. In addition, the clinical information presented fails to establish the need for a laxative/statement medication. Therefore, this request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Criteria for the Use of Opioids, page 78

Decision rationale: Urine drug screening is recommended as an option in treating those individuals who are on chronic opioid therapy. However, there needs to be a clinical indication for this assessment such as intoxication, somnolence, drug escalation, drug diversion or illicit drug use. None of these required standards or items is noted to be addressed in the progress notes reviewed. The failure to objectify with a specific concern forces the lack of establishment of a medical necessity for this request. Therefore, this request is not medically necessary.