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| Case Number: | CM14-0123485 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 06/06/2005 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 07/22/2014 |
| Priority: | Standard | Application Received: | 08/05/2014 |

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 59-year-old male who reported an injury on 06/06/2005. The mechanism of injury was not specifically stated. The current diagnoses include multilevel lumbar disc disease with radiculitis status post lumbar laminectomy and discectomy in 1995, status post lumbar spine fusion in 2008, postoperative complications of DVT and lower extremity edema, degenerative osteoarthritis of bilateral knees, status post left knee surgery in 1999 and 2006, status post multiple right knee surgeries, cervical disc disease with radiculitis, status post cervical discectomy and fusion in 2001, thoracic disc disease with radiculitis, and status post posterolateral fusion in 2011. The only clinical documentation submitted for this review is an agreed comprehensive medical legal evaluation on 10/01/2013. The injured worker presented with complaints of ongoing cervical spine pain, bilateral knee pain, and weakness. The current medication regimen includes Kadian, hydrocortisone, Flexeril, Wellbutrin, Lexapro, Viagra, Cialis, Lipitor, Toprol, and trazodone. Physical examination revealed guarding of the spine, tenderness to palpation of the paracervical and trapezius muscles, tenderness in the mid thoracic region, tenderness to palpation of the bilateral shoulders, normal motor strength in the upper extremities, limited range of motion of the left shoulder, palpable muscle spasm in the lumbar spine, tenderness to palpation of the medial and lateral joint lines of bilateral knees, crepitation with flexion and extension of bilateral knees, positive straight leg raising bilaterally, diffuse edema in the bilateral lower extremities, and normal examination of the ankles and feet. Previous conservative treatment has included physical therapy and psychotherapy. Future medical care included a thoracic fusion and physical therapy. There was no DWC Form RFA for the current request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doc-Q-Lax 8.6/ 50 mg. # 60 with 2 refills: 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, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontology Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain chapter, Opioid Induced Constipation Treatment.

Decision rationale: California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. The Official Disability Guidelines state first line treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. The injured worker does not maintain a diagnosis of opioid induced constipation. There is no documentation of gastrointestinal symptoms or complaints. There is also no frequency listed in the request. As such, the request Doc-Q-Lax 8.6/ 50 mg. # 60 with 2 refills is not medically necessary.

Trazodone 50 mg. # 30 with 2 refills: 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 and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone.

Decision rationale: California MTUS Guidelines state antidepressants are recommended for neuropathic pain and as a possibility for non-neuropathic pain. The Official Disability Guidelines state trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The injured worker does not maintain a diagnosis of insomnia, depression, or anxiety. Therefore, the medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request Trazodone 50 mg. # 30 with 2 refills is not medically necessary.

Zanaflex 4 mg. # 20 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. There was no recent progress report submitted for this review. There is no documentation of this injured worker's current utilization of this medication. There is also no frequency listed in the request. California MTUS Guidelines do not recommended long term use of muscle relaxants. Based on the clinical information received and the California MTUS Guidelines, the request Zanaflex 4 mg. # 20 with 2 refills is not medically necessary.

Senekot 8.6 mg. # 60 with 2 refills: 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, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontology Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. The Official Disability Guidelines state first line treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. The injured worker does not maintain a diagnosis of opioid induced constipation. There is no documentation of gastrointestinal symptoms or complaints. There is also no frequency listed in the request. As such, the request is Senokot 8.6 mg. # 60 with 2 refills is not medically necessary.