

Case Number:	CM14-0127047		
Date Assigned:	09/23/2014	Date of Injury:	09/22/1998
Decision Date:	12/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal Medicine 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:

A magnetic resonance imaging (MRI) of the cervical spine dated May 5, 2014 shows a small right paracentral broad-based protrusion at C6-C7 with no more than mild overall central canal stenosis. There is trace disc bulging without focal protrusions and congenital central stenosis. Pursuant to the sole progress note in the medical record dated April 8, 2014, the IW complains of constant pain in his low back 24 hours a day. He uses Morphine for the pain. He has been in a wheelchair since 2004. He reports numbness and tingling in both legs and feet at all times. He is able to stand and walk 2 to 3 steps only. Sitting on the wheelchair, lying down, repetitive bending and stooping, aggravates the pain. He is unable to lift or carry anything. Physical examination revealed intact sensation to light touch and pinprick in the upper extremities. Range of motion was normal in all planes. Motor strength is 5/5 in dorsiflexors, palmar flexors, extensors and flexors of fingers, supinator, pronator, and wrist flexors and extensors. The IW has been diagnosed with work related injury to the lumbar spine, and dorsal wrist ganglion. The provider is recommending excision of the ganglion cyst, as well as postoperative clearance due to his diabetes mellitus and high cholesterol. The IW is taking Fentanyl, Tramadol, Doc-Q-Lace and Lidoderm patches currently.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot-S #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter; Opioid - induced constipation treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Initiating Opiates

Decision rationale: Pursuant to the Official Disability Guidelines, Senokot - S #60 is not medically necessary. The guidelines recommend prophylactic treatment of constipation at the initiation of opiate treatment. In this case, the injured worker is 54 years old status post laminectomy syndrome, constipation secondary to narcotics, depression, scrotal pain, anal fissure and diabetes mellitus. The date of injury of September 22, 1998. The injured worker is taking Colace constipation. The documentation states the Colace is helpful and did not address constipation. There is limited documentation as to the functional benefit received by the injured worker in terms of Colace and why an additional laxative (Senokot) is necessary. Consequently, the injured worker is taking Colace (the stool softener) which is helpful and consequently, Senokot - S #60 is not medically necessary.

Lidoderm 5% patches #60:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids , specific drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% patches #60 are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. In this case, the treating physician requested the topical analgesic, Lidoderm 5% patches. Topical analgesics are recommended for neuropathic pain after a trial of first-line therapy that would include tri-cyclic antidepressants or AEDs such as gabapentin or Lyrica. At the time of the request there was no first-line trial documented in the medical record. Consequently, first-line treatment with Lidoderm 5% patches #60 on not medically necessary.

Liver Function Tests LFT x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Page(s): 6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, liver function testing times one is not medically necessary. Thorough history taking is always important to clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior diagnostic study should be ordered in this context and not simply screening purposes. In this case, liver function tests may be necessary for patients taking chronic medications. However, the documentation does not identify a specific medication, specific side effects and what medication is of concern in terms of checking liver function testing. There was no prior testing or results of prior testing in the medical record. Notably, there was one progress note in the medical record and blood test screening is not appropriate. Consequently, absent the appropriate documentation, liver function tests are not medically necessary.