

Case Number:	CM14-0128770		
Date Assigned:	08/18/2014	Date of Injury:	04/27/2010
Decision Date:	09/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/13/2014

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 Nevada. 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 43-year-old individual was reportedly injured on April 27, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 7, 2014, indicated that there were ongoing complaints of depression, anxiety, and restlessness. The physical examination demonstrated facial appearances of depression. A previous progress note, dated May 22, 2014, disputed the previous non certification of the medications. Diagnostic imaging studies were not reported. Previous treatment included psychiatric care. A request had been made for laboratory studies and medications and was not certified in the pre-authorization process on August 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive metabolic panel: 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 Page(s): 70.

Decision rationale: As outlined in the MTUS, there are significant limitations on one to perform specific laboratory studies. Therefore, when noting the diagnosis of chronic low back pain, there

is no clinical indication to complete a comprehensive laboratory panel of this nature. There are no literature citations to support this. Furthermore, there is no discussion in the progress notes for the need for such an intervention. As such, the medical necessity cannot be established.

1 complete blood count study: 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 Page(s): 70.

Decision rationale: As outlined in the MTUS, there are significant limitations on one to perform specific laboratory studies. Therefore, when noting the diagnosis of chronic low back pain, there is no clinical indication to complete a comprehensive laboratory panel of this nature. There are no literature citations to support this. Furthermore, there is no discussion in the progress notes for the need for such an intervention. As such, the medical necessity cannot be established.

Norco 10/325mg #60: Upheld

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

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

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Robaxin 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: Robaxin is a muscle relaxant intended as a second line option for short-term treatment of acute exacerbations of chronic low back pain. According to the progress notes in the attached medical records, there has been no report of any acute exacerbations of low back pain or

any spasms noted on physical examination. Considering this, the request for Robaxin is not medically necessary.

Colace 100mg #60: 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 Gerontological 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): 88.

Decision rationale: MTUS guidelines support the use of stool softeners (i.e. Colace) for prophylactic treatment of constipation when starting opiate therapy. As the Norco is not considered medically necessary as above, the stool softener is not required. Furthermore, there are no complaints of constipation or similar side effects. Additionally, there are no physical examination findings to suggest constipation has occurred. Colace is available as a generic over-the-counter product without a prescription. Thus, when considering the date of injury, the injury sustained, the current findings on physical examination and the lack of any specific complaints and by the parameters outlined in the MTUS, this request is not considered medically necessary.