

Case Number:	CM14-0131235		
Date Assigned:	08/20/2014	Date of Injury:	05/25/1999
Decision Date:	09/24/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family 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:

This injured worker's date of injury is 5/25/1999. This patient receives treatment for chronic low back pain. The patient had back surgery on 03/14/2013 and received post-operative physical therapy. The patient received an epidural steroid injection at S1 on 04/13/2014, which the patient reports reduced the pain by 50%. The patient's diagnoses include: displacement of lumbar intervertebral disc without myelopathy and lumbar post-laminectomy syndrome. The physician documented the patient has muscle aches, muscle weakness and back pain. On exam the gait is antalgic. On exam there is decreased sensation on the left side with the L5-S1 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Treatment of constipation, accessed online.

Decision rationale: Senna is an over the counter bulk forming laxative. This non-absorbable agent absorbs intra-luminal water and promotes bowel action. There is no documentation of the

reason for continuing this bulk laxative. Senna is not medically indicated, based on the documentation. Therefore, this request is not medically necessary.

Zofran 4mg #15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antiemetics for opioid nausea.

Decision rationale: Zofran (Ondansetron) is a potent anti-nausea agent indicated for the short-term management of chemotherapy induced nausea and vomiting and the short-term management of nausea from opioids. The documentation presented indicates a long-term use of this agent. Continued use is not medically indicated. Therefore, this request is not medically necessary.

Buprenorphine 8mg Sublingual Tablet #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints: Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 60.

Decision rationale: Buprenorphine is classified as an opioid. It may be indicated in treating chronic pain, however, treatment guidelines require documentation of the aim of use of the medication, a determination of the potential benefits and adverse effects, and ongoing of record keeping of both pain and function. Based on the documentation Buprenorphine is not medically indicated. Therefore, this request is not medically necessary.

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: Cyclobenzaprine is a muscle relaxer, specifically an anti-spasmodic. There is no medical indication for the long-term use of this agent for low back pain, as there is no evidence for efficacy and there is evidence of adverse side effects. Cyclobenzaprine is not medically indicated. Therefore, this request is not medically necessary.