

Case Number:	CM14-0152927		
Date Assigned:	09/23/2014	Date of Injury:	12/26/2006
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 injured worker is a 47-year-old male who reported an injury on 12/26/2006. The mechanism of injury was not stated. The current diagnoses include thoracic pain and low back pain. The injured worker was evaluated on 09/19/2014 with complaints of 6/10 pain. Previous conservative treatment is noted to include medications, physical therapy, and home exercise. The current medication regimen includes docusate, Miralax, MS Contin 15 mg, ibuprofen, Norco 10/325 mg, and Zanaflex. Physical examination revealed restricted lumbar range of motion, tenderness to palpation of the thoracic and lumbar spine, paravertebral muscle spasm and tightness, positive lumbar facet loading maneuver, normal motor strength, and intact sensation. Treatment recommendations included continuation of the current medication regimen and laboratory testing to evaluate liver and kidney function. A Request for Authorization form was submitted on 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg tab PO Q6 hours PRN qty120: 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): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 2010. There is no documentation of objective functional improvement. As such, the request is not medically appropriate at this time.

MS Contin 15mg tab PO TID qty 90: 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): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 02/2014. There is no documentation of objective functional improvement. Therefore, the request is not medically appropriate at this time.

Docusate Sodium 250mg softgel PO bid qty 60 x 1 refill: 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): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment

Decision rationale: The 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 also no mention of an attempt at nonpharmacologic treatment. As such, the request is not medically appropriate.

Monitoring Labs (Blood Work) evaluate liver and kidney function [BUN/Creatinine & Hepatic Function 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: The California MTUS Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating testing after this treatment duration has not been established. The injured worker does not exhibit any signs or symptoms suggestive of an abnormality due to medication use. The medical necessity for the requested laboratory studies has not been established. As such, the request is not medically appropriate.