MAXIMUS Federal Services

Case Number:	CM14-0024664		
Date Assigned:	06/11/2014	Date of Injury:	10/18/2012
Decision Date:	07/31/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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 has a subspecialty in Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 64-year-old male who reported an injury on 10/18/2012, The worker sustained an injury to his back and spine while driving trucks. On 12/27/2012, the injured worker underwent a cervical fusion. On 03/06/2014 the injured worker complained of low back and neck pain. The injured worker underwent an MRI which demonstrated multiple compression fractures of the cervical thoracic and lumbar region with undocumented time frame of the study. It was reported that the injured worke's pain level was a 4/10 being the least and the worst 8/10 and his present pain was a 7/10. It was noted that there was pain in the right shoulder and back pain which was aching, burning, constant, intense, numb, shooting, sore and tight, and radiating. The injured worker stated that he had increased pain during weather changes, physical activity and movement such as standing, sitting, tension, stress, sneezing and coughing. On the physical examination of the cervical spine there was noted right paraspinous tenderness and left paraspinous tenderness. There was palpable twitch positive trigger points in the muscles of the head and neck with pain on extension of the cervical spine, left lateral rotation of the cervical spine and right lateral rotation of the cervical spine. On the physical examination of the thorax spine there was noted tenderness at the facet joint lines with palpable twitch, positive trigger points of the thorcicparaspinus muscles. It was noted that there was pain with the extension of the thorax spine. On the physical examination of the lumbar spine it revealed the straight leg test on the right was 90 degrees as well as on the left. There was pain of the lumbar facet on both sides at L3-S1 region. There was palpable twitch positive trigger points on the lumbar paraspinous muscles and the injured worker gait appeared to be antalgic. The anterior flexion of the lumbar spine was noted to be full at 60 degrees and anterior lumbar flexion caused pain. The extension of the lumbar spine was noted to be full at 30 degrees and caused pain with lumbar

extension the left and right lateral flexion of the lumbar spine. The injured worker's medication included Tramadol 50 mg, Baclofen 10 mg and Norco 10/325 mg. There was no diagnosis listed for the injured worker on the report. The treatment plan included for decision for NorcoSoft #90, Citrucel 2 tablet and Motrin 600 mg, #60. The authorization for requests was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCOSOFT #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 Steps to take before a therapeutic trial of Opioids page(s) Page(s): 76.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that prophylactic treatment of constipation could be initiated if there is documented evidence of constipation caused by opioids. The documents provided on 03/06/2014 indicated that the injured worker denied nausea, vomiting, diarrhea, blood in stool or constipation. In addition, there was no indication that the injured worker was having gastrointestinal issues. Given the above, the request for NorcoSoft #90 is not medically necessary.

CITRUCEL 2 TABLET BID WITH 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 Steps to take before a therapeutic trial of Opioids page(s) Page(s): 76.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that prophylactic treatment of constipation could be initiated if there is documented evidence of constipation caused by opioids. The documents provided on 03/06/2014 indicated that the injured worker denied nausea, vomiting, diarrhea, blood in stool or constipation. In addition, there was no indication that the injured worker was having gastrointestinal issues. Given the above, the request for Citrucel 2 tablets twice a day with 1 refill is not medically necessary.

MOTRIN 600MG, #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, Anti-Inflammatory Medications, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-anti-inflammatory drugs) Page(s): 67.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain (LBP). For acute low back pain with sciatica, a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen has fewer side effects. On 03/06/2014 it was documented that the injured worker had physical therapy and a TENS unit which relieved his pain symptoms. There was lack of documentation stating the efficiency of the Motrin 600 mg for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Motrin 600 mg is taken by the injured worker. In addition, the request for Motrin 600 mg did not include the frequency. Given the above, the request for the Motrin 600 mg, #60 with 1 refill is not medically necessary.