MAXIMUS Federal Services

Case Number:	CM14-0027081		
Date Assigned:	06/13/2014	Date of Injury:	08/19/2002
Decision Date:	07/28/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/03/2014

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 injured worker is a 47-year-old male injured on August 9, 2002. The mechanism of injury was noted as a pulling event resulting in a low back pain. The most recent progress note, dated January 20, 2014, indicated that there were ongoing complaints of low back and right knee "issues." There was persistent left lower extremity and left knee pains. The pain was described as 6/10 on the visual analog scale. The physical examination demonstrated lumbar muscle spasms and an antalgic gait pattern. The diagnostic imaging studies were not noted in this narrative. Previous treatment included medications, injections and other conservative measures. A request had been made for multiple medications and was not certified in the pre-authorization process on February 17, 2014. It is noted that a request for a spinal cord similar has been made by the injured employee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg, by mouth (PO) every eight hours (q8h) as needed (PRN), #90:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hydrocodone/acetaminophen.

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

Decision rationale: When noting the date of injury, the numerous degenerative changes in the lumbar spine, the lack of a surgical intervention and noting the injection therapies completed, the fact that there is no amelioration of the pain levels (6/10), and no increase in functionality or ability to return to work, the efficacy or utility of such a narcotic medication has not been established. There is no clinical indication of medical necessity for Hydrocodone 10/325mg, by mouth (PO) every eight hours (q8h) as needed (PRN), #90. As such, the request is not certified.

Sennoside 8.6mg, one to two by mouth, every twelve hours, #10000: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The medical records reviewed offered no complaints, suggestion of, or physical examination finding that require the need of a laxative. It was noted that the injured employee was taking multiple medications that may cause constipation; however, this side effect profile has not developed. As such, based on the clinical information presented for review and noting no particular subjective complaints, the medical necessity for Sennoside 8.6mg is not established. The request is not certified.

Naproxen sodium 550mg by mouth, twice daily #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual http: //www.merckmanuals.com/professional/gastrointestinal_disorders/symptoms_of_gi_disorders/constipation.html#v888705.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 & 73.

Decision rationale: When considering the date of injury, the injury sustained, and the treatment rendered to date, there is little clinical information presented to suggest any efficacy or utility for this non-steroidal medication. The only finding noted on physical examination was a muscle spasm of the lumbar spine. There were ordinary disease of life degenerative changes; however, there was no data presented suggesting any efficacy or utility with use of the medication in terms of alleviating symptomatology. As such, the request for Naproxen sodium 550mg by mouth, twice daily #60, is not medically necessary.

Methadone 5mg, half a tablet by mouth twice daily #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: California Code of Regulations, Title 8. Effective July 18, 2009.

Decision rationale: While noting that there is some support for this medication in the treatment of opiate addiction, this injured employee has continued to receive narcotic analgesics. There is no plan to withdraw this particular medication. Furthermore, the progress notes presented, did not demonstrate any efficacy or utility of this medication in ameliorating the symptomatology. Lastly, the basic rules for prescribing such a medication would include weighing the risks and benefits before prescribing and there is no note to suggest this was considered. There are limited applications of this medication. In addition, the progress notes do not support that these issues are being met. Therefore, based on the limited clinical information presented for review, the request for Methadone 5mg half a tablet by mouth twice daily #30 is not medically necessary.