

Case Number:	CM14-0029714		
Date Assigned:	06/16/2014	Date of Injury:	05/26/2006
Decision Date:	07/21/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational 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:

The injured worker has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; attorney representation; clearly a lumbar fusion surgery; and epidural steroid injection therapy. In a Utilization Review Report dated March 3, 2014, the claims administrator approved a request for ibuprofen outright, denied a request for omeprazole outright, and partially certified prescriptions for Colace, Norco, and tramadol. The opioids were apparently partially certified for weaning purposes, as was docusate (Colace). The claims administrator suggested that the applicant has failed to demonstrate appropriate improvement with ongoing opioid therapy. In a March 24, 2014 progress note, the injured worker reported 8-9/10 pain. The injured worker did reportedly have ongoing complaints of constipation, it was stated. The injured workers medication list included Colace, Lidocaine, Norco, Prilosec, Flexeril, tramadol, Acetadryl, Motrin, Effexor, Tenormin, hydralazine, hydrochlorothiazide, Zestril, and Voltaren eye drops. The injured worker was status post lumbar fusion, two forearm surgeries, and two knee arthroscopies. Orthotics, laxatives, Norco, lidocaine, and Colace were endorsed. On January 29, 2014, it was again stated that the injured worker had persistent complaints of 9/10 low back, wrist, thigh, foot, and wrist pain, constant. The injured worker was again complaining of constipation with medications. It was again stated that the medications in question were needed for the applicant to accomplish "minimal activities of daily living." In a handwritten note dated November 27, 2013, the applicant's psychotherapist stated that he was stressed, anxious, and noted that the medications, while helping, were doing so "only minimally." It was unclear whether or not the medications were helping or hurting the applicant's ability to perform non-work activities of daily living. In an earlier note of November 25, 2013, it was stated that applicant was using a cane to move about.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOCUSATE SOD 250MG, #90 WITH 3 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, initiation of treatment for constipation is indicated in applicants who are using opioids. In this case, the injured worker is using several opioids, including Norco and tramadol. The injured worker is reporting ongoing complaints of constipation, noted above, on several recent progress notes. Ongoing usage of docusate, laxative/stool softener, to combat the same is indicated and appropriate. Therefore, the request is medically necessary.

NORCO 10-325MG, #90 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the injured worker is off of work. There is no evidence of improved ability to perform activities daily living achieved as a result of ongoing opioid therapy. The attending provider has stated on several occasions that the medications are helping "only minimally." The applicant's psychotherapist has likewise commented that the medications in question are only helping minimally and fleetingly. Continued usage of Norco, then, does not appear to be indicated, given the ongoing complaints of 8-9/10 pain and the reports of only minimum improvement with the medication in question. Accordingly, the request is not medically necessary

OMEPRAZOLE 20MG, #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole to combat NSAID-induced dyspepsia, in this case, however, the attending provider specifically stated that the injured worker denied any medication side effects, with the exception of constipation with opioids. There is no mention of any ongoing symptoms of reflux, heartburn, and/or dyspepsia, for which ongoing usage of omeprazole would be indicated. Therefore, the request is not medically necessary.

TRAMADOL HCL ER 100MG, #30 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioid topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the injured worker is off of work. There is no evidence of any significant improvement in terms of performance of activities of daily living achieved as a result of ongoing opioid therapy. The injured workers pain levels remain high, in the 8 to 9/10 range. Continued usage of tramadol does not appear to be indicated in this context. Therefore, the request is not medically necessary.