MAXIMUS Federal Services

Case Number:	CM14-0029847		
Date Assigned:	06/20/2014	Date of Injury:	05/21/1997
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgery 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 70-year-old female who was reportedly injured on 5/21/1997. The mechanism of injury was noted as an industrial injury to the low back; however, no specifics were noted in the records reviewed. The most recent progress note, dated 3/10/2014, indicated that there were ongoing complaints of chronic low back pain, which radiated into the left leg with cramping and numbness. The injured employee also complained of pain radiating into the groin on the left side. The most recent progress note was dated 3/10/2014. The physical examination demonstrated a 70-year-old female who ambulates with an antalgic gait. Ankle: Surgical scar noted on the left lateral ankle, positive tenderness, and swelling noted. Lumbar spine: Positive spasm present in the lumbar paravertebral region. There was positive tenderness to the right and left lumbar paravertebral regions at the L3-L4, L4-L5 and L5-S1 levels. Multiple trigger points were also noted in the lumbar paravertebral region with a jump sign and radiation of pain in the right and left sacroiliac joints and left buttock and positive tenderness in the left sacroiliac joint with positive stork test. Extension and right lateral rotation of the lumbar spine was positive for pain. Straight leg raise was negative bilaterally. A request had been made for Norco 10/325 #90 with one refill as well as Senokot-S 50 mg/8.6 mg #120 with 1 refill and was not certified in the pre-authorization process on 2/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab tid prn for 30 days #90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 75-78 of 127 Page(s): 75-78 OF 127.

Decision rationale: There has not been any objective findings to show that this medication would improve her functionality and lessen the chronic pain. The pain level was stated to be 9/10 on a daily basis. Opioid pain medications may be efficacious for limited short term pain relief for chronic low back pain. However, based on the clinical documentation provided, this medication is not deemed medically necessary at this time. There is no demonstrated efficacy, utility or objectification of functional improvement that would warrant the ongoing use of this medication in this individual. Therefore, this request is not medically necessary.

Senokot S 50mg-8.6mg tablet 1 as directed prn for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines: 8 C.C.R. Â§Â§9792.20 - 9792.26 (Effective July 18, 2009), page 77 of 127.

Decision rationale: This medication is a stool softener useful for the treatment of constipation. There is no clinical indication for this medication for this claimant. There is documentation of narcotic usage; however, there is no documentation of constipation or related side effects. Therefore, when noting the lack of objective findings, the lack of any clinical records or associated complaints there is insufficient clinical data presented to support this request thus making it not medically necessary.