

Case Number:	CM14-0033351		
Date Assigned:	07/18/2014	Date of Injury:	10/01/2007
Decision Date:	09/12/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/17/2014

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 65-year-old male who was reportedly injured on October 1, 2007. The mechanism of injury is stepping over a curb and twisting the right knee. The most recent progress note dated February 17, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. The physical examination demonstrated the presence of an antalgic gait and diffuse tenderness across the lumbar spine. Diagnostic imaging studies of the right knee indicated a meniscal tear and arthritic changes of the medial compartment. A magnetic resonance image of the lumbar spine revealed degenerative changes and a moderate disc protrusion at L3-L4. Previous treatment includes a right knee arthroscopy and a right knee totally arthroplasty. There were also epidural steroid injections administered to the lumbar spine. A request was made for MS Contin, lactulose, Zanaflex, Pataday, Amitiza, Wellbutrin and ibuprofen and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15 mg Quantity 60 with 3 refills: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for MS Contin is not medically necessary.

Lactulose 60 ml with 3 refills: 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): 78.

Decision rationale: Lactulose is a stool softener which can assist with constipation that may occur secondary to the use of opioid medications. As the accompanying request for MS Contin has been determined not to be medically necessary, so is this request for lactulose.

Pataday 0.2 % eye drops with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Eye.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a602025.html>.

Decision rationale: A review of the recent medical records does not indicate that the injured employee has any ocular issues. Considering this, the request for Pataday eye drops are not medically necessary.

Zanaflex 4 mg Quantity 30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Zanaflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most

recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Zanaflex is not medically necessary.

Amitiza 8 mg Quantity 30 with 3 refills: 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. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a607034.html>.

Decision rationale: Amitiza is a medication used to relieve stomach pain, bloating, and straining for those with chronic constipation. Constipation can often occur secondary to opioid usage. As the accompanying request for MS Contin has been determined not to be medically necessary, so is this request for Amitiza.

Wellbutrin XL 150 mg Quantity 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines - Depression.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 27, 125.

Decision rationale: Bupropion (Wellbutrin) is an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. The California Medical Treatment Utilization Schedule supports its use for the treatment of neuropathic pain; however, there is no evidence of efficiency in patients with non-neuropathic chronic low back pain. As such, this request for Wellbutrin XL is not medically necessary.

Ibuprofen 200 mg Quantity 270 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Ibuprofen is a nonselective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. This request is for the lowest dose available for ibuprofen. When noting the injured workers' diagnosis and signs/symptoms, there is a clinical indication for the use of this medication as noted in the applicable guidelines, this request for ibuprofen 200mg is medically necessary.

