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| Case Number: | CM14-0034290 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 08/18/2010 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 03/14/2014 |
| Priority: | Standard | Application Received: | 03/19/2014 |

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 & 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 37-year-old female injured on August 18, 2010. The mechanism of injury was a slip and fall on a wet floor. The most recent progress note, dated May 6, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated muscle tone and muscle strength of the lower extremities was stated to be normal. Diagnostic imaging studies objectified a disc bulge at L2-L3, L3-L4, and L4-L5. There was also a 6 mm central disc herniation at L5-S1 with left S1 nerve root effacement. Previous treatment included epidural steroid injections and the use of a TENS unit. Current treatment involved prescription of gabapentin, hydrocodone, pantoprazole, and Zanaflex. A request had been made for Colace, sennosides, mirtazapine, pantoprazole, Zanaflex, hydrocodone and physical therapy and was not certified in the pre-authorization process on March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg QTY: 360.00: 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 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 78.

Decision rationale: Sennosides is also a stool softener often prescribed to contract the side effects of constipation with opioid medications. However, it is unclear why 360 tablets of this medication was requested. This request for sennosides is not medically necessary.

Sennosides 8.6mg QTY: 360.00: 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 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 78.

Decision rationale: Sennosides is also a stool softener often prescribed to contract the side effects of constipation with opioid medications. However, it is unclear why 360 tablets of this medication was requested. This request for sennosides is not medically necessary.

Mirtazaphine 15mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants, Mirtazapine.

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/a697009.html>.

Decision rationale: Mirtazapine is an antidepressant often also used as a sleep aid. The injured employee has not been diagnosed with depression and there is no mention of sleep problems or insomnia. This request for mirtazapine is not medically necessary.

Pantoprazole- ProtonIX 20mg QTY:60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68.

Decision rationale: Pantoprazole is a proton pump inhibitor sometimes used to counteract side effects of gastric upset with anti-inflammatory medications. However, there was no mention of gastric upset secondary to anti-inflammatory medications stated. This request for pantoprazole is not medically necessary.

Zanaflex 4mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 63.

Decision rationale: Zanaflex is a muscle relaxant which is sometimes prescribed as a second line option for short-term treatment of acute exacerbations of chronic low back pain. However, no such exacerbations have been identified in the attached medical record. This request for Zanaflex is not medically necessary.

Physical Therapy QTY: 12:00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 58.

Decision rationale: The stated date of injury for the injured worker occurred nearly 4 years ago. It is almost certain that in the past four years the injured employee has previously participated in physical therapy for the lumbar spine. At this point, the employee should be well-versed to what is expected of physical therapy for the lumbar spine and can continue to do this at home with a home exercise program. This request for 12 visits of physical therapy is not medically necessary.