

Case Number:	CM14-0035752		
Date Assigned:	07/28/2014	Date of Injury:	09/22/1998
Decision Date:	08/28/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/24/2014

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 & Rehab 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 records presented for review indicate that this 67 year-old individual was reportedly injured on September 22, 1999. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 18, 2014, indicates that there are ongoing complaints of low back and leg pain. It is noted that the pain has reportedly increased requiring more this Norco. The physical examination demonstrated 5'4, 184 pound individual who was hypertensive (163/86) and in no acute distress. The cervical range of motion is noted to be within normal limits, and lumbar range of motion is slightly reduced. Motor function is noted to be 5/5. Diagnostic imaging studies are not presented for review. Previous treatment includes operative intervention (fusion), postoperative rehabilitative physical therapy, multiple medications, and several pain control procedures (to include spinal cord stimulation and revision). A request had been made for multiple medications and was not certified in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 MG BID #60 for baseline pain refills x 3 months: 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): 61 of 127.

Decision rationale: As noted in the MTUS, this medication is recommended as a 2nd line drug for moderate to severe pain. The utilization of medication is only if the benefit outweighs the risk. It is noted that there is a severe morbidity and mortality associated with the use of this medication. This medication is used with caution and those people with decreased respiratory reserve (asthma, COPD, sleep apnea, severe obesity). Further, there are a number of basic rules that must be met when prescribing this medication, as outlined in the MTUS. The progress notes presented to support that each of these criterion have been met. Therefore, the ongoing use of this medication is not determined to be medically necessary.

Pristiq 100 mg pd # 30 for drowsiness due to the opiates, refills x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, and Antidepressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122 of 127.

Decision rationale: This medication is an SNRI drug in the same class of medications as Effexor. The SNRI drugs are not recommended for the treatment of chronic pain with the exception of individuals that are concurrently being treated for an additional psychiatric diagnosis. The progress notes do not indicate any clinical indication why this medication is being employed. As such the request is considered not medically necessary.

Docusate sodium 50 mg two tabs #60 for constipation refills x3 month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77 of 127.

Decision rationale: This 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 side effects. Colace is available as a generic formulation and it is also available as an over the counter product without a prescription. Therefore based on the lack of complaints, the lack of finding a physical examination and there are no indicators of such a complication, the medical necessity of this medication has not been established.

Senokot twice daily #60 for constipation refills x 3 months: Upheld

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

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: McQuaid KR. Chapter 15: Gastrointestinal Disorders. In: Papadakis MA, McPhee SJ, Rabow MW. eds. Current Medical Diagnosis & Treatment 2014. New York, NY: McGraw-Hill 2014.

Decision rationale: Senokot is a vegetable laxative that assists with issues relative to constipation. This preparation is not addressed in the MTUS, ACOEM or Official Disability Guidelines. The literature notes that this is indicated for the short-term treatment of symptomatic constipation. The records presented for review do not indicate that this malady exists. As such, the medical necessity has not been established.

Protonix 40 mg a day #30 for GI upset refills x 3 months.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment guidelines, NSAIDs. GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77 of 127.

Decision rationale: Protonix (Pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing high doses of non-steroidal anti-inflammatory medications. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking NSAID's with documented GI distress symptoms. The record provided does not note the G.I. disorder nor is there any documentation of long-term use of an NSAID considered to be a 'high dose NSAID' as defined by the American college of gastroenterology. Therefore, this request is not medically necessary.