

Case Number:	CM14-0038506		
Date Assigned:	06/27/2014	Date of Injury:	04/30/2002
Decision Date:	08/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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:

This 50 year old patient had a date of injury on 4/30/2002. The mechanism of injury was not noted. In a progress report dated 2/4/2014, the patient continues to have severe neck and bilateral arm pain. He has difficulty with daily activities including dressing himself and preparing his meals. Objectively, he has both, cervical and lumbar spine pain condition and continues to have low back/arm pain without radiculopathy. He would like a surgical consult for more definitive long term treatment of his pain. Diagnostic impression shows cervical spondylosis with myelopathy, postlaminectomy syndrome in the cervical region and lumbago. The treatment to date is: medication therapy, behavioral modification, home exercise program and surgery. A UR decision on 3/21/2014 denied the request for Percocet 10/325 #120, saying the criteria has not been met as there is no documentation of a maintained increase in function or decrease in pain. Lactulose 10gm/15ml#450 was denied saying there is no constipation. Linzess 145 mcg #30 was denied saying guideline criteria has not been met as there is no evidence the claimant is at risk for GI upset/bleed. Lorzone 750mg #60 was denied stating no documentation of increased in function or decrease in pain with use of this medication. Sancuse 3.1mg/24 #4 was denied stating it was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; or prescribed at the lowest possible dose and there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports viewed, the patient's UDS does show consistency indicating compliance with Percocet. However, there was no documented functional improvements noted that would justify a further regimen. In a progress report dated 1/28/2014, the patient is continuing to have difficulty with activities of daily living and is considering surgical consultation for a more definitive long term treatment of this pain. Therefore, the request for Percocet 10/325mg #120 is not medically necessary.

Lactulose 10gm/15ml #450: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NLM.NIH.GOV.

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.drugs.com/mtm/lactulose.html>.

Decision rationale: MTUS does not address this issue. LInzess is used to treat chronic constipation, or chronic irritable bowel syndrome (IBS) in people who have had constipation as the main symptom. In the reports viewed, the patient denies any constipation or having experienced any type of gastrointestinal event. Therefore, the request for LInzess 145mcg #30 is not medically necessary.

Linzess 145mcg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/linzess.html>.

Decision rationale: MTUS does not address this issue. LInzess is used to treat chronic constipation, or chronic irritable bowel syndrome (IBS) in people who have had constipation as the main symptom. In the reports viewed, the patient denies any constipation or having experienced any type of gastrointestinal event. Therefore, the request for LInzess 145mcg #30 is not medically necessary.

Lorzone 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/lorzone.html>.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain, muscle tension and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Chlorzoxazone is a muscle relaxer; it works by blocking nerve impulses (or pain sensations) that are sent to your brain. In the reports viewed, no documentation was found of an acute exacerbation of the patient's condition that would necessitate the further use of Lorzone. Furthermore, the patient has been documented to be on Lorzone since at least 11/18/2013. Therefore, the request for Lorzone 750mg #60 is not medically necessary.

Sancuso 3.1mg/24 #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY 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: <http://www.drugs.com/sancuso.html>.

Decision rationale: MTUS does not address this issue. Sancuso (granisetron) blocks the actions of chemicals in the body that may cause nausea and vomiting. Sancuso skin patches are used to prevent nausea and vomiting caused by cancer chemotherapy. In the reports viewed, the patient does not complain of and is not documented to suffer from nausea and vomiting. Therefore, the request for Sancuso 3.1mg/24#4 is not medically necessary.