MAXIMUS Federal Services

Case Number:	CM14-0038525		
Date Assigned:	06/27/2014	Date of Injury:	01/10/2008
Decision Date:	08/15/2014	UR Denial Date:	02/25/2014
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 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 records presented for review indicate that this 34-year-old male was reportedly injured on 1/10/2008. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 1/7/2014, indicated that there were ongoing complaints of chronic low back pain and left knee pain. The physical examination was handwritten. It revealed an alert and oriented X 3 male with no drowsiness. No recent diagnostic studies were available for review. Previous treatment included previous surgery, physical therapy, medications, referral to psychology, and conservative treatment. A request had been made for oxycodone IR 30 mg #360, Neurontin 600 mg #120, Lodine 300 mg #90, Senokot-S #180 and was not granted in the pre-authorization process on 2/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 30mg #360: 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), pages 74, 78, 93 of 127 Page(s): 74, 78, 93 of 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. 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 claimant suffered from chronic low back pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. Therefore, this request is not medically necessary.

Neurontin 600mg #120: 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), pages 16-20, 49 of 127 Page(s): 16-20, 49 of 127.

Decision rationale: Neurontin is considered a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there was no evidence of neuropathic type pain or radicular pain on examination. Therefore, without any evidence of neuropathic type pain, this medication is not medically necessary.

Lodine 300mg #120: 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 22 of 127 Page(s): 22 of 127.

Decision rationale: An anti-inflammatory such as Lodine are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic low back pain and of antidepressants in chronic low back pain. After review of the medical records provided, the injured worker did have chronic low back pain with no documented gastrointestinal issues. It was also noted, that on 3/12/2014, the physician performed the utilization review and has found that this medication is medically necessary and has approved the continued use of this medication. Therefore, this request is not medically necessary.

Senokot-S #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 77 of 127 Page(s): 77 of 127.

Decision rationale: Senokot, as a laxative, is useful for the treatment of constipation. There was no clinical indication for this medication, for this claimant. There was documentation of narcotic usage; however, there was no documentation of constipation side effects. Senokot is available as a generic formulation, and it is available as an over-the-counter product without a prescription. After reviewing the medical documentation provided, there was no subjective or objective clinical findings to justify the continued use of this medication. Therefore, it is not medically necessary.