

Case Number:	CM14-0038532		
Date Assigned:	06/27/2014	Date of Injury:	05/09/2002
Decision Date:	08/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/02/2014

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 59 year old patient had a date of injury on 5/9/2002. The mechanism of injury was not noted. The dates of the physical exam and progress notes as well as the content were illegible. Treatment to date includes: medication therapy, behavioral modification. A UR decision on 3/12/2014 denied the request for Miralax 17g #30, stating no documentation of opioid induced constipation or benefit or prior use. Zanaflex 4mg #30 was denied stating multiple guidelines that recommend against the chronic use of muscle relaxants in a chronic pain setting. Cymbalta 30mg #90 was denied, stating no documentation was given by provider why dosing of his medication exceeds off label recommendation of 60mg/day. Norco 10/325 #120 was denied, stating there was no documentation of a current pain contract, evidence of functional status, or urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax 17g #30: 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.ncbi.nlm.nih.gov/pubmedhealth/PMH0000241/>.

Decision rationale: MTUS does not address this issue. The National Library of Medicine states that Polyethylene glycol 3350 is used to treat occasional constipation. Polyethylene glycol 3350 is in a class of medications called osmotic laxatives. It works by causing water to be retained with the stool. This increases the number of bowel movements and softens the stool so it is easier to pass. Due to the illegibility of the progress/physician notes, as well as the illegibility of the dates, no rationale can be provided as to the necessity of Miralax 17g #30. Therefore, the request for Miralax 16g #30 is not medically necessary.

Zanaflex 4mg #30: 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): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and 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. Due to the illegibility the progress/physician notes, as well as the illegibility of the dates, no rationale can be provided as to the necessity of Zanaflex 4mg #30. Therefore, the request for Zanaflex 4mg #30 is not medically necessary.

Cymbalta 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

Decision rationale: CA MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. Due to the illegibility the progress/physician notes, as well as the illegibility of the dates, no rationale can be provided as to the necessity of Cymbalta 30mg #90. Therefore, the request for Cymbalta 30mg #90 is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ACOEM, page 116.

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; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Due to the illegibility the progress/physician notes, as well as the illegibility of the dates, no rationale can be provided as to the necessity of Norco 10/325. Therefore, the request for Norco 10/325 #120 is not medically necessary.