

Case Number:	CM14-0073014		
Date Assigned:	07/16/2014	Date of Injury:	12/13/2000
Decision Date:	08/22/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported an injury on 12/13/2000 after lifting a box. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included, physical therapy, chiropractic care, multiple medications and ultimately resulted in a 2 level anterior fusion. Post-surgically the injured worker has participated in a functional restoration program to assist with medication reduction, a home exercise program, and multiple medications. The injured worker was evaluated on 04/03/2014. It was noted that the injured worker had a 7 out of 10 pain reduced to a 5 out of 10 with medications. Medications were noted to be Melatonin 3 mg, aspirin 81 mg, Senokot daily, Zocor 40 mg, Calcium 500 mg, Vitamin D 400 mg, Vitamin D3, 400 iu, Fosamax 70 mg, Albuteral inhalers, Ibuprofen 600 to 800 mg, Robaxin 500 mg, and Cymbalta 20 mg. Physical findings included a positive straight leg raising test with restricted lumbar range of motion secondary to pain and tenderness and tightness to palpation with spasming at the L4 level. The injured worker's diagnoses included, status post laminectomy syndrome x 2 with complications with pseudoarthrosis requiring a second posterior surgery and incisional hernia, L3 radiculopathy, possible mild complex regional pain syndrome, neurogenic bowel and bladder, possible carpal tunnel syndrome and possible cervical degenerative disc disease. The injured worker's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 20 mg #90, zero refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines does recommend the use of antidepressants for short courses of treatment for patients who have stress and depression related to chronic pain. The clinical documentation does indicate that the use of Cymbalta is assisting with depressive symptoms. Clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 01/2014. The patient has been taking this medication for a treatment duration longer than what is recommended by California Medical Treatment Utilization Schedule, continued use would not be supported. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Furthermore the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Duloxetine 20 mg, #90 with 0 refills is not medically necessary or appropriate.

Ibuprofen 800 mg #180, zero refill: 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 Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60 and 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend nonsteroidal anti-inflammatory drugs as a first line medication of management of chronic pain. However, the California Medical Treatment Utilization Schedule Guidelines recommends that all medications used in the management of chronic pain be supported by documented functional benefit and evidence of pain relief. The clinical documentation does indicate that the injured worker has a reduction in pain from a 7 out of 10 to a 5 out of 10 with medication usage. However, there is no documentation of increased functional benefits to support continued use. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Ibuprofen 800 mg, #180 with 0 refills is not medically necessary or appropriate.

Methocarbamol 500 mg #180, zero refill: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The clinical documentation submitted for review indicates the injured worker has been on this medication since at least 01/2014. The California Medical Treatment Utilization Schedule Guidelines recommends the use of muscle relaxants for short durations of treatment to address acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for a duration longer than what would be recommended. There are no exceptional factors noted within the documentation to support extending the treatment beyond guideline recommendations. Furthermore, the request as it is submitted does clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Methocarbamol 500 mg, #180 with 0 refills is not medically necessary or appropriate.

Baclofen 10 mg #180, zero refill: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The clinical documentation submitted for review indicates the injured worker has been on this medication since at least 01/2014. The California Medical Treatment Utilization Schedule Guidelines recommend the use of muscle relaxants for short durations of treatment to address acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for a duration longer than what would be recommended. There are no exceptional factors noted within the documentation to support extending the treatment beyond guideline recommendations. Furthermore, the request as it is submitted does clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Baclofen 10 mg, #180 with 0 refills is not medically necessary or appropriate.