

Case Number:	CM14-0078147		
Date Assigned:	07/18/2014	Date of Injury:	11/13/2001
Decision Date:	08/15/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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 Family Practice, 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 58 year old male claimant sustained a work injury on 11/13/01 involving the neck and arms. He had undergone right-sided carpal tunnel release, nerve decompression of the right elbow and right shoulder subacromial decompression due to shoulder impingement. In addition, he has a diagnosis of multi-level disc disease of the cervical spine. A progress note on 4/21/14 indicated the claimant had 50% improvement in symptoms while on Cyblata and Celebrex. His chronic migraines for cervical strain improved with Botox injections. His Norco had been discontinued and Magnesium 400mg was given to abet opioid induced constipation and headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnesium 400mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/disability Duration Guidelines, Head.

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

Decision rationale: According to the MTUS guidelines, prophylactic treatment of constipation should be initiated for those on opioids. In this case, the claimant had been off of Norco and

there was no mention of constipation related to opioid use. As such, the request for magnesium is not medically necessary.