

Case Number:	CM14-0078712		
Date Assigned:	08/11/2014	Date of Injury:	12/02/2002
Decision Date:	10/06/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/29/2014

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 patient is a 45 y/o female who has developed a wide spread chronic pain syndrome secondary to a left knee injury on 12/02/02. She has been diagnosed with fibromyalgia, low back strain and CRPS to the left lower extremity. She is currently treated with oral analgesics, which include Oxycontin 10mg BID, Baclofen 10 mg BID, Prilosec 20mg. q.d. and Senokot S. Her pain relief is reported at 40% with medications and she is documented to have G.I. upset and constipation secondary to her medications. The medications are reported to assist with ADLs and there is no history of misuse. The mediations were denied in U.R. due to a lack of medical records to review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg #60: Overturned

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): 64.

Decision rationale: Baclofen is one of the few muscle relaxants that MTUS Guideline supports for chronic pain conditions. Guidelines allow for its use when there is a neuropathic pain

syndrome, which this patient is documented to have. With the level of reported pain relief and functional support, the continued use of Baclofen 10mg #60 is supported by Guidelines and is medically necessary.

Prilosec 20 mg #30: Overturned

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 NSAIDs and GI risks Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

Decision rationale: This patient does not appear to be utilizing NSAIDs, but MTUS and ODG Guidelines address this general issue in the section on NSAID use i.e. the use of proton pump inhibitors for gastric distress (events) secondary to medications. It is clearly documented that this patient has gastric distress secondary to medications. The Prilosec 20mg. q.d. #30 is medically necessary.

Senokot-S 8.5/50 mg #200: Overturned

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 Opioids Page(s): 77.

Decision rationale: MTUS Guidelines clearly recommend the prophylactic treatment of opioid-induced constipation. This patient is on moderate dose opioids. The Senokot 8.5/80mg. #200 is medically necessary.