

Case Number:	CM14-0083940		
Date Assigned:	07/21/2014	Date of Injury:	02/27/2013
Decision Date:	08/28/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/06/2014

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 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:

The injured worker is a 35-year-old male who reported an injury on 02/27/2013. The mechanism of injury was not specifically stated. Current diagnoses include lumbar sprain with disc protrusion, status post decompression surgery on 11/05/2013, cervical sprain with left upper extremity radiculopathy, bilateral shoulder sprain, post-traumatic vertigo, and chronic pain with associated mood disorder. The injured worker was evaluated on 04/14/2014. The injured worker was status post bilateral C3-4 medial branch block on 03/07/2014 with 30% improvement. Current medications include ibuprofen 600 mg, vitamin D, Baclofen 10 mg, Meclizine HCL 25 mg, Topamax 50 mg, Percocet 10/325 mg, Colace 100 mg, and Senokot. Physical examination revealed tenderness to palpation in the right upper back, neck, left upper back, limited shoulder abduction, limited shoulder abduction, increasing pain with left upper extremity radiation, and positive Spurling's test. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100 mg #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/colace.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state first-line treatment for opioid-induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. The injured worker does not maintain a diagnosis of chronic constipation. It is also noted that the injured worker currently utilizes Colace 100 mg and Senokot 8.6 mg. The medical necessity for 2 separate stool softeners has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Baclofen 10 mg #30 with 2 refills: 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: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second-line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has continuously utilized baclofen 10 mg for an unknown duration. There is no evidence of objective functional improvement. There was also no mention of palpable muscle spasm or spasticity upon physical examination. California MTUS Guidelines do not recommend long-term use of muscle relaxants. There was no frequency listed in the current request. As such, the request is not medically necessary.

Meclizine 25mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/meclizine.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antiemetic.

Decision rationale: Official Disability Guidelines state antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. These side effects tend to diminish over days to weeks of continued exposure. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Senokot 8.6 mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/senokot.htm>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state first-line treatment for opioid-induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. The injured worker does not maintain a diagnosis of chronic constipation. It is also noted that the injured worker currently utilizes Colace 100 mg and Senokot 8.6 mg. The medical necessity for 2 separate stool softeners has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Vitamin D3 5000 units #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Vitamin D.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Vitamin D.

Decision rationale: The Official Disability Guidelines recommend consideration of vitamin D in chronic pain patients and as a supplementation if necessary. It is currently under study as an isolated pain treatment and vitamin D deficiency is not considered a Workers' Compensation condition. There is no documentation of a vitamin D deficiency. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the current request. Therefore, the request is not medically necessary.