

Case Number:	CM14-0088769		
Date Assigned:	07/23/2014	Date of Injury:	02/07/1979
Decision Date:	08/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/12/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 63-year-old male with date of injury of 02/07/1979. The listed diagnoses per [REDACTED] are: 1. Postlaminectomy pain syndrome. 2. S/P lumbar disectomy x3. 3. Chronic right leg post-phlebitis syndrome. 4. S/P vena cava filter with chronic Coumadin therapy. 5. Posttraumatic right ulnar neuropathy with claw deformity and right hand wasting. 6. Narcotic dependency. 7. Deconditioning. 8. Hypertension. 9. Obesity. 10. Peripheral neuropathy. 11. Reactionary depression. 12. Opioid decreased testosterone. 13. Hepatitis C. 14. Obstructive sleep apnea. 15. Parkinson's Disease. According to the 04/28/2014 report, the patient reports increasing fatigue and lethargy. He remains on high dose of narcotics. The objective findings show the patient is alert and weighs 275 pounds. He remains in an electric wheelchair. His right hand is swollen and in discomfort. He has severe right hand interosseous wasting and right hand clawing. His gait is unstable and short stepped. He has severe bilateral lower extremity weakness. The utilization review denied the request on 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sinemet 25/100 mg TID (3 times a day) for right hand tremor: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DailyMed <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid>.

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: Clinical Policy Bulletin:Parkinson's Disease.

Decision rationale: This patient presents with right hand swelling and severe lower extremity weakness. The provider is requesting Sinemet 25/100 mg. The MTUS and ACOEM Guidelines do not address this request, however AETNA on Parkinson's Disease states that it considers levodopa or apomorphine medically necessary when the diagnosis of Parkinson disease (PD) is in doubt. The records show that the patient has been on Sinemet since 03/04/2013 for treatment of right hand tremor. In this case, the patient has a diagnosis of Parkinson's Disease and the continued use of this medication is medically necessary.

Colace 100 mg, 4 tablets QHS (at bedtime): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC); Online Edition, Chapter: Pain, Opioid Induced Constipation Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, page 77.

Decision rationale: This patient presents with right hand swelling and severe lower extremity weakness. The treater is requesting Colace 100 mg. The MTUS Guidelines page 77. The initiating therapy for opiate use states that the prophylactic treatment of constipation should be initiated when opioids are prescribed. The records show that the patient has been using Colace since 03/04/2013. The patient is currently on Kadian 100 mg and MSIR 30 mg. In this case, MTUS does allow the prophylactic treatment of constipation when opioids are prescribed. Therefore, this request is medically necessary and appropriate.

Senokot-S, 2 tablets PO (by mouth), BID (2 times a day): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC); Online Edition, Chapter: Pain, Opioid Induced Constipation Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, page 77.

Decision rationale: This patient presents with right hand swelling and severe lower extremity weakness. The provider is requesting Senokot 100 mg. The MTUS Guidelines page 77 recommends Therapy for opiate use is indicated. The prophylactic treatment of constipation should be initiated. The patient is currently on Kadian 100 mg and MSIR 30 mg. The records show that the patient has been using Senokot since 03/04/2013. In this case, MTUS does allow the prophylactic treatment of constipation when opioids are prescribed. Therefore, this request is medically necessary and appropriate.

Baclofen 20 mg, PO (by mouth) BID (2 times a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) MTUS page 63-66.

Decision rationale: This patient presents with right hand swelling and severe lower extremity weakness. The treater is requesting baclofen 20 mg. The MTUS Guidelines page 63 to 66 on muscle relaxants states that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient has been on baclofen since 03/04/2013. In this case, MTUS does not support the long-term use of this medication. Recommendation is for denial.