

Case Number:	CM14-0094671		
Date Assigned:	07/25/2014	Date of Injury:	01/31/1997
Decision Date:	08/28/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/20/2014

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 & 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 41-year-old female who reported an injury 01/31/1997. The clinical note dated 07/08/2014 indicated diagnoses of right cervical radiculopathy, right lumbar radiculopathy, right shoulder impingement, chronic whole body part, history of substance abuse and obesity. The injured worker reported right shoulder pain with any movement. The injured worker reported the pain increased in her arms, neck, and head, persistent neck pain and back pain rated 9/10. The injured worker reported flareups. The injured worker reported the pain radiated with numbness and tingling from the neck to the bilateral upper extremities, right greater than left, into her hand diffusely. The injured worker reported difficulty turning her head to her right. The injured worker described her left hand was hypersensitive, and she experienced increased pain with cold temperatures. The injured worker had wrist braces that she wore. The injured worker reported she woke up in the middle of the night with severe pain and headaches. The injured worker reported her headaches started in the posterior neck region and radiated to the right temporal region. The injured worker reported flareups had increased over the past months. The injured worker reported she had received an orthostimulation unit patch which was no longer helping to reduce her pain. The injured worker reported she had more than 20 sessions of physical therapy, which she stated decreased her pain significantly from 9/10 to 6/10. That was over 4 years ago. The injured worker reported she also had acupuncture therapy; however, she reported that was painful. On physical examination, there was tenderness to palpation over the cervical paraspinals and rhomboid region bilaterally. There was severe pain to palpation diffusely over the right shoulder and proximal arm. The injured worker had decreased range of motion throughout all planes of the cervical spine with significant pain with right rotation. There was decreased sensation throughout the right upper limb. The injured worker has severe pain

with facet loading of the cervical spine. There was tenderness to palpation in the upper cervical facet regions. There was tenderness of the lumbar paraspinals bilaterally. The injured worker's gait was antalgic and slow. The injured worker had decreased flexion and extension of the lumbar spine, most notably with increased pain with extension and positive bilateral facet loading. The injured worker had decreased sensation throughout the right lower limb and right lower extremity strength was limited by pain. The injured worker's treatment plan included physical therapy of the cervical spine, a Medrol Dosepak, referral to rheumatology, continue medications. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included Norco and LidoPro and Topamax. The provider submitted a request for Docuprene. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docuprene 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics. 12th Edition McGraw Hill, 2006 Physicians Desk Reference, 68th Edition RxList.com www.odg-twc.com/odgtwc/formulary.htm drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Initiating therapy Page(s): 77.

Decision rationale: The request for Docuprene 100mg #60 with 2 refills is non-certified. The California Chronic Pain Medical Treatment Guidelines state prophylactic treatment of constipation should be initiated. Although the injured worker is on an opioid and probably would benefit from the Docuprene, the request did not indicate a frequency. In addition, the provider did not indicate a rationale for the request. Therefore, the request for Docuprene 100mg is not medically necessary.