

Case Number:	CM14-0098898		
Date Assigned:	08/11/2014	Date of Injury:	09/18/2009
Decision Date:	09/11/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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 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:

Patient is a 58 year old male with a date of injury on 9/18/2009. Diagnoses include microlumbar decompression, lumbar facet arthropathy, multilevel herniated discs of the cervical spine with stenosis, and cervical radiculopathy. Subjective complaints are of aching and cramping pain of the neck with radiation to the left shoulders, rated 9/10. Patient also reports bilateral hand numbness, aching, and tingling. There is also low back ache with radiation to the bilateral legs. The patient is status post microlumbar decompression at L5-S1 on 11/21/2013. Physical exam shows decreased cervical range of motion, and decreased sensation in the C6-7 dermatomes. The lumbar spine shows positive left straight leg raise test, and decreased sensation in the left L3-5 dermatomes. Medications include Duragesic, Percocet, Zanaflex, Prilosec, and Docuprene. Medications are reported as reducing pain from 9/10 to 7/10. Urine drug screening and CURES report are present in submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promolaxin 100 mg, QTY: 100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:FDA: Docusate www.drugs.com.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screen, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines, therefore, the request for Duragesic 25 mcg, quantity15 is medically necessary and appropriate.

Duragesic 25 mcg, QTY: 15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screen, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

Percocet 10/325 mg, QTY: 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78,79 and 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine

drug screen, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

Postoperative physical therapy for the lumbar spine, twice a week for six 6 weeks, quantity 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, PHYSICAL THERAPY.

Decision rationale: The MTUS recommends 16 visits over 8 weeks status post discectomy or laminectomy. This patient has already received at least 18 sessions of physical therapy. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial. Therefore, the request postoperative physical therapy for the lumbar spine, twice a week for six 6 weeks, quantity 12 sessions exceeds guideline recommendations, and is not medically necessary.

Prilosec 20 mg, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISK Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, PPIs.

Decision rationale: According to the California MTUS guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The Official Disability Guidelines (ODG) suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, the patient is not on chronic NSAID therapy, and current ongoing gastric symptoms are not documented. Therefore, the request for Prilosec 20 mg, quantity 60 is not medically necessary and appropriate.

Docuprene 100 mg, (quantity not provided): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:FDA: Docusate www.drugs.com.

Decision rationale: The MTUS recommends that prophylactic treatment of constipation should be initiated with opioid therapy. Medical records note that the patient used docusate to treat constipation on an as needed basis, which has been successful. Docusate prescribing information states that it can be used as a stool softener to make bowel movements easier to pass and prevent constipation or rectal damage caused by hard stools. Since guidelines recommend use of medications for treatment of constipation with opioid use, the request for Docuprene 100 mg, (quantity not provided) is medically necessary and appropriate.