MAXIMUS Federal Services

Case Number:	CM14-0099930		
Date Assigned:	07/28/2014	Date of Injury:	03/07/2000
Decision Date:	12/16/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 03/07/2000. The mechanism of injury was not provided. His diagnoses were noted to include cervical and lumbar radiculopathies, myofascial pain syndrome with trigger points at bilateral trapezius and paraspinal musculature, ADHD, bipolar disorder and depression. His past treatments were noted to include a home exercise program and medication. During the assessment on 06/03/2014, the injured worker complained of neck pain and bilateral upper extremity symptoms. He rated the pain 7/10 to 8/10 on the pain scale and reported no significant changes since his last visit. He also reported ongoing right shoulder pain that could sometimes be severe. The physical examination revealed tenderness to palpation in the cervical spine, specifically in the bilateral paraspinal musculature and bilateral trapezius. There was also noted muscle spasm in the bilateral trapezii and paraspinal musculature. The sensation in the upper and lower extremities was intact bilaterally. He had a positive straight leg raise on the left at 80 degrees which radiated into his lateral hip. His medication was noted to include Norco 10/325 mg, trazodone 50 mg, Docuprene 100 mg and Flexeril 10 mg. The treatment plan was to continue with medication and his home exercise program. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic: 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 Opioids, on-going management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment

Decision rationale: The request for Ducoprene 100mg #60 is not medically necessary.The Official Disability Guidelines state that constipation treatment, if prescribing opioids, has been determined to be an apprpriate and prophylactic treatment should be initiated. The guidelines state that the first-line of treatment should include simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. Medication, such as Docuprene, would be a second-line option if the first-line treatments do not work. The injured worker was noted to be taking Norco 10/325 mg, trazodone 50 mg, Docuprene 100 mg and Flexeril 10 mg. The clinical documentation did not indicate which medication was causing the constipation issues. There was no documentation that the injured worker was advised to increase physical activity, maintain hydration or advised to follow a proper diet rich in fiber to aid constipation issues prior to being prescribed Docuprene. Additionally, the frequency was not provided. In the absence of this documentation, the request is not medically necessary.