

Case Number:	CM14-0139134		
Date Assigned:	09/10/2014	Date of Injury:	02/07/1979
Decision Date:	04/20/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old man sustained an industrial injury on 2/7/1979. The mechanism of injury is not detailed. Diagnoses include post-laminectomy pain syndrome, chronic leg post-phlebitis syndrome, Parkinson's disease, post-traumatic right ulnar neuropathy with claw deformity and right hand wasting, narcotic dependency, peripheral neuropathy, and reactionary depression. Treatment has included oral medications. Physician notes dated 8/4/2014 show complaints of severe withdrawal symptoms after his medications were denied and suddenly discontinued. This left him bedridden with decreased function, nausea, and vomiting. Recommendations include a slow wean of narcotics with the following suggestions: Kadian, MSIR, Senokot and Miralax, Edular sublingual for severe sleep disorder, and Pristiq. Further recommendations include requests for home care assistance, sleep study, and motorized wheelchair which have been denied, re-start Androgel, updated laboratory studies including thyroid function testing, testosterone, and liver function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 100mg 1 po qd #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: This 63 year old male has complained of low back pain since date of injury 2/7/79. He has been treated with lumbar spine surgery, physical therapy and medications. The current request is for Pristiq, a SNRI antidepressant agent. Per the MTUS guidelines cited above, antidepressants are recommended as a first line option for neuropathic pain. There is inadequate documentation in the available medical records supporting the presence of neuropathic pain. Additionally, there is inadequate documentation of provider rationale for the continued use of this medication. On the basis of the available medical records and per the MTUS guidelines cited above, Pristiq is not indicated as medically necessary.

Miralax: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/miralax.

Decision rationale: This 63 year old male has complained of low back pain since date of injury 2/7/79. He has been treated with lumbar spine surgery, physical therapy and medications. The current request is for Miralax. There is inadequate documentation in the available medical records that constipation has been a significant problem for this patient necessitating the use of Miralax. On the basis of this lack of documentation, Miralax is not indicated as medically necessary.

MSIR 15mg 1 po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Morphine Sulfate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 63 year old male has complained of low back pain since date of injury 2/7/79. He has been treated with lumbar spine surgery, physical therapy and medications to include opioids since at least 07/2014. The current request is for MSIR 15 mg. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work,

random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, MSIR 15 mg is not indicated as medically necessary.

Senokot 2 po bid #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/senokot.

Decision rationale: This 63 year old male has complained of low back pain since date of injury 2/7/79. He has been treated with lumbar spine surgery, physical therapy and medications. The current request is for Senokot. There is inadequate documentation in the available medical records that constipation has been a significant problem for this patient necessitating the use of Senokot. On the basis of this lack of documentation, Senokot is not indicated as medically necessary.

Ediuar 10mg 1po sl qd #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Online Edition, Pain Chapter, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/ambien.

Decision rationale: This 63 year old male has complained of low back pain since date of injury 2/7/79. He has been treated with lumbar spine surgery, physical therapy and medications. The current request is for Ediuar, sublingual Ambien. Zolpidem (Ambien) is recommended for the short term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. On the basis of the available medical documentation, sublingual Ambien is not indicated as medically necessary in this patient.

Kadian 80mg 1 po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 63 year old male has complained of low back pain since date of injury 2/7/79. He has been treated with lumbar spine surgery, physical therapy and medications to include opioids since at least 07/2014. The current request is for Kadian. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Kadian is not indicated as medically necessary.