MAXIMUS Federal Services

Case Number:	CM14-0188237		
Date Assigned:	11/18/2014	Date of Injury:	03/16/2009
Decision Date:	01/07/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal 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:

The injured worker (IW) is a 31-year-old woman with a date of injury of March 16, 2009. The mechanism of injury was not documented in the medical record. Pursuant to the progress noted dated September 29, 2014, the IW complains of neck and back pain. Pain is shooting, aching, and throbbing. She complains of numbness, headaches and weakness. Pain is rated 7/10. Her pain is relieved by medications, ice, relaxation, massage, and heat. Current medications include Norco, Pantoprazole, Quazepam, Senna Laxative, and Colace. Objective physical findings revealed range of motion is limited by pain in the cervical spine. Cervical spine has a positive Spurling's test, positive Adson's test to the bilateral shoulders, and positive SI joint compression test for the hips. The IW has been diagnosed with thoracic outlet syndrome, and cericobrachial syndrome. The provider is recommending Metamucil powder 3.3 grams/5.95 grams in addition to her current medications. Of note, the IW denied nausea, vomiting, stomach pain, constipation, and diarrhea, black or bloody stools. The provider did not address the indication for the Metamucil in the medical record

IMR ISSUES, DECISIONS AND RATIONALES

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

Metarnucil Power 3.3/5.95 gram mix 1 into 8oz of cold water: 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 Other Medical Treatment Guideline or Medical Evidence: http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601104.html

Decision rationale: Pursuant to Medline plus, Metamucil (Psyllium) is not medically necessary. Metamucil is a bulk forming laxative used to treat constipation. For additional details see attached link. Prophylactic treatment of constipation should be initiated at the outset of opiate treatment. In this case, a progress note dated October 28, 2014 indicates the injured worker is taking two additional laxatives. She is taking Senna and Colace. This is in addition to Metamucil powder. The history of present illness does not discuss constipation the review of systems indicates the patient denies constipation, diarrhea, nausea, vomiting. The assessment and treatment plan indicates "the patient states that with Metamucil use she was not able to tolerate the medication causing nausea and vomiting. At this appointment we replaced it with Colace 100 mg twice a day. Also recommending the patient to continue use orange flavored Metamucil stool softener". The documentation is somewhat conflicting. At the October 20, 2014 appointment, Colace 100 mg twice a day replaced Metamucil. There is no indication for three laxatives in this injured worker. Consequently, Metamucil is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines; Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker sustained an injury on March 16, 2009. She was diagnosed with thoracic outlet syndrome and cervical brachial syndrome she was prescribed Norco 10/325 mg one tablet twice daily as needed #120. A progress note from April 2014 indicates the injured worker was taking Norco 10/325 at that time. Progress notes through October 2014 indicate the injured worker continues Norco 10/325 mg one tablet twice daily. There is no documentation indicating objective functional improvement over that time frame. Consequently, absent the appropriate clinical documentation, continued Norco 10/325#120 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, nor code 10/325#120 is not medically necessary.