

Case Number:	CM14-0205188		
Date Assigned:	12/18/2014	Date of Injury:	08/30/2004
Decision Date:	02/27/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/08/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 08/30/2004. The date of the utilization review under appeal is 11/05/2014. The treating diagnoses include chronic low back pain, chronic pain syndrome, status post spinal cord stimulator placement, and chronic neck pain. The patient was seen in primary treating physician followup on 10/14/2014. At that time the patient complained of neck pain and low back pain. The patient reported that overall he was worse. The patient continued to use a spinal cord stimulator which was helping his leg pain. He reported the stimulator bothered him when he was lying down, and he also reported an increase in weakness in the legs. The patient was using a TLSO orthosis on a daily basis and also reported stomach pain and frequent urination with burning. He reported sleepiness, especially when driving, although he did not believe this was a side effect of medication, and had reported an increase in stress and anxiety due to pain. He continued to take Norco, gabapentin, Robaxin, Docuprene, LidoPro cream, and AcipHex. Treating physician indicated he was not clear as to why the patient continued to wear his orthosis and indicated from a pain management standpoint this was not warranted. He advised the patient to follow up with his primary care doctor with regard to ongoing abdominal pain, nausea, and headaches. He recommended Tylenol No. 3 for severe pain, gabapentin for neuropathic pain, Elavil for neuropathic pain, Robaxin to help with spasms, and senna for opioid-induced constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP w/codine 300/30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management. The medical records in this case indicate that this patient reports substantial side effects including abdominal discomfort and fatigue and worsening pain overall. The 4 A's of opioid management have not been met to support continued use of this medication. This request is not medically necessary.

Senna-S #60 with 3 refills: Overturned

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/Initiating Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/initiating therapy, page 77, states that prophylactic treatment of constipation should be initiated. A prior physician review recommended non-certification of Senna since opioids had been recommended for taper. However, the records indicate that opioids continue to be used. Moreover, the need for constipation prophylaxis does not end immediately when opioids are terminated. For these reasons, the request for Senna is supported by the treatment guidelines. This request is medically necessary.

Robaxin 750mg #60 with 3 refills: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on muscle relaxants, page 63, recommends non-stimulating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The treatment guidelines do not

support this medication for ongoing use, particularly with multiple refills. The records do not provide an alternate rationale for an exception to these guidelines. Overall, the request is not medically necessary.