

Case Number:	CM15-0009312		
Date Assigned:	01/27/2015	Date of Injury:	04/28/1998
Decision Date:	05/12/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 58 year old female, who sustained a work/ industrial injury on 4/28/98. She has reported symptoms of right hand pain. The diagnoses have included myalgia, myositis, pain in the lower leg joints, sprain and strain of the knee and leg, and pain in the shoulder. The treating physician's note of 11/18/14 documents ongoing flank pain with an antalgic slow gait and use of a cane. The left knee had moderate swelling with decreased strength of the bilateral lower extremities. The physician ordered medication for treatment to include Norco, Relafen, Senokot and Lansorazole DR. On 12/16/14, Utilization Review non-certified Norco 5-325 mg #90, 0 refills; Relafen 500 mg #60 0 refills; Lansorazole DR 30 mg #30 0 refills and modified Senokot-S 8.6-50 mg #120 0 refills to Senokot-S 8.6-50 mg #12, as an outpatient for bilateral hands and bilateral knees, noting the Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325 mg #90 refills 00: 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, criteria for use 4) On-Going Management Page(s): 78.

Decision rationale: The IW has been on long term opioids which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable at this time.

Relafen 500 mg #60 refills 00: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to the MTUS and ODG guidelines NSAID's are recommended for osteoarthritis, chronic back pain and acute exacerbations of back pain. According to the progress notes provided the IW was on Relafen for persistent myalgia and joint pain. This request is not medically necessary and appropriate at this time.

Snakot-S 8.6-50 mg #120 refills 00: 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 Official Disability Guidelines (ODG) Pain (chronic) Opioid-induced constipation treatment.

Decision rationale: MTUS does not comment on laxative use in chronic pain. ODG guidelines recommended as indicated below. In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. First line treatment includes 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. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. There are no notations of failure of first line treatments or constipation in the records provided. This request is not medically necessary and appropriate.

Lansorazole DR 30mg #30 refills 00: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to MTUS guidelines the use of gastrointestinal protectants in conjunction with NSAID use is to be based on risk factors and if required a proton pump inhibitor is to be initiated. There were no risk factors or history of gastrointestinal problems noted in the chart. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. Additionally, there was no documentation of objective functional benefit with prior use of these medications. This request is not medically necessary and appropriate.