

Case Number:	CM15-0009611		
Date Assigned:	01/27/2015	Date of Injury:	04/06/1986
Decision Date:	03/27/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/16/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old female who reported an injury on 04/06/1986. The mechanism of injury was a slip and fall. Her diagnoses were noted as left greater trochanter bursitis, new onset left sided headaches and numbness with visual changes left eye, status post left sacroiliac joint fusion, left sacroiliac joint dysfunction with diagnostic SI joint block but failed radiofrequency ablation, status post L3-5 laminectomy, L3-5 severe stenosis, bilateral lumbar radiculopathy, lumbar disc degeneration L3-5, cervical disc degeneration C5-6, left arm radiculopathy, and status post cervical fusion C4-5 and C6-7. Her past treatments were noted to include surgery, injections, medication, acupuncture, and physical therapy. Her diagnostic studies were noted to include EMG and NCV of the bilateral upper extremities, performed on 11/13/2014. Her surgical history was noted to include cervical fusion, date performed not provided, laminectomy performed on 04/05/2012, and left sacroiliac joint fusion, performed on 01/16/2014. During the assessment on 12/17/2014, the injured worker complained of decreased numbness on the left side of her head, experiencing more pain and stiffness throughout her body with worsening weakness as well. She described burning on the right side of the low back with left hip and low back numbness and pain. She rated her pain 8/10, but reduced to a 5/10 to 7/10 with medication. The physical examination performed on 12/02/2014, was noted to reveal tenderness to palpation over the bilateral cervical paraspinal musculature and the base of the neck. There was tenderness over the base of the skull and over the trapezius musculature bilaterally. There was decreased sensation over the left C7, C8, and T1 dermatome distribution. There was decreased range of motion in all planes. Her medications were noted to include

Celebrex 200 mg, Flexeril 10 mg, gabapentin 300 mg, Senokot 8.6 mg, and Lyrica 25 mg. The treatment plan and 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:

60 Tablets of Senokot 8.6 Mg With 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment

Decision rationale: The request for 60 tablets of Senokot 8.6 mg with 3 refills is not medically necessary. The Official Disability Guidelines recommend constipation treatment for opioid induced constipation, if prescribing opioids has been determined to be appropriate. Under initiating therapy, the prophylactic treatment of constipation should be initiated. Opioid induced constipation is a common adverse effect of long term opioid use because the binding of opioids to peripheral opioid receptor in the gastrointestinal tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. The first line of treatment when prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the injured worker that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the injured worker to follow a proper diet, rich in fiber. The clinical documentation did not indicate that the treating physician recommended increasing physical activity, maintaining hydration, or advise the injured worker to follow a proper diet, rich in fiber. There was no indication or rationale for the use of Senokot 8.6 mg. As such, the ongoing use of Senokot is not supported. Given the above, the request is not medically necessary.

60 Tablets of Flexeril 10 Mg With 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for 60 tablets of Flexeril 10 mg with 3 refills is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation's in injured workers with chronic low back pain. This medication should not be recommended to be used for longer than 2 to 3 weeks. There should be documentation of objective functional improvement.

The clinical documentation submitted provided evidence that the injured worker had been on this medication for an extended duration of time and there was a lack of documentation of objective improvement. As such, the ongoing use of Flexeril is not supported. Given the above, the request is not medically necessary.

60 Tablets of Celebrex 200mg with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

Decision rationale: The request for 60 tablets of Celebrex 200 mg with 3 refills is not medically necessary. The California MTUS Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation indicated that the injured worker had been on this medication for an extended duration of time and there was a lack of documentation of objective functional improvement and objective decrease in pain. As such, the ongoing use of Celebrex is not supported. Given the above, the request is not medically necessary.

120 Capsules of Gabapentin 300mg 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 Antiepilepsy drugs Page(s): 16-17.

Decision rationale: The request for 120 capsules of gabapentin 300 mg with 3 refills is not medically necessary. The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted indicated that the injured worker had been on this medication for an extended duration of time and there was a lack of documentation of objective functional improvement. There was no indication of an objective decrease in pain of at least 30% to 50%. As such, the ongoing use of gabapentin 300 mg is not supported. Given the above, the request is not medically necessary.