

Case Number:	CM15-0164119		
Date Assigned:	09/10/2015	Date of Injury:	03/31/2013
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on March 31, 2013. She reported injury to her right wrist and low back. The injured worker was currently diagnosed as having worsening low back pain with lumbar radiculitis, lumbar spondylosis and degenerative disc disease, grade I retrolisthesis, bilateral neuroforaminal stenosis, central disc protrusion with annular tear, right wrist de Quervain's tenosynovitis, right hand numbness, diffuse hyperreflexia and increasing bilateral leg pain with numbness and weakness sensation. Treatment to date has included diagnostic studies, surgery, therapy, injection, medication and acupuncture. An injection to her right wrist provided benefit, Motrin medication caused gastrointestinal upset and acupuncture was noted to provide temporary relief. On June 29, 2015, the injured worker complained of right wrist pain with right hand numbness, low back pain and bilateral leg pain with numbness and tingling. The injured worker also reported constipation. The treatment plan included an MRI of the lumbar spine, referral to psychologist, Ultram, Lidoderm topical, Cymbalta, Tylenol, Senokot, home exercise and a follow-up visit. On July 28, 2015, utilization review denied a request for Tylenol quantity of sixty and a one month supply of Senokot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol, quantity: 60 tablets: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

Decision rationale: The California MTUS section on Tylenol states: Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case by case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs. The requested medication is recommended for chronic pain and the patient has no documented contraindications. Therefore the request is medically necessary.

Senokot, quantity: 1 month supply: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of rescue opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore, the request is medically necessary.