

Case Number:	CM15-0164940		
Date Assigned:	09/02/2015	Date of Injury:	09/08/2014
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
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:

This 52 year old man sustained an industrial injury on 9-8-2014 after his foot was caught in a hose bed and he fell onto his back. Evaluations include MRI of the back dated 1-25-2015. Diagnoses include lumbar radiculopathy and low back pain. Treatment has included oral medications, pain coping skills group, transforaminal epidural steroid injection, physical therapy, TENS unit therapy, and acupuncture. Physician notes dated 7-21-2015 show complaints of chronic progressive low back pain with radiation down the bilateral lower extremities with numbness, tingling, and weakness. The worker rates his pain 8 out of 10 without medications and 4 out of 10 with medications. Recommendations include possible future transforaminal epidural steroid injections, stop Gabapentin, Lyrica, Oxycodone, stop Norco, start Amitiza, Trazodone, Cymbalta, continue home exercise program, continue TENS unit therapy at home, urine drug screen, acupuncture, pain psychology sessions, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rx: Amitiza 24mcg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 77.

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.