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| Case Number: | CM15-0196558 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 10/22/1998 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

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, 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 52 year old female, who sustained an industrial-work injury on 10-22-98. She reported initial complaints of back, leg, and knee pain. The injured worker was diagnosed as having post laminectomy syndrome, lumbago, post-traumatic stress disorder, generalized anxiety disorder. Treatment to date has included medication, surgery (laminectomy on 10-20-01), and diagnostics. MRI results were reported on 3-9-15 to demonstrate left knee anterior cruciate ligament (ACL) acute-subacute grade 1 strain, MCL grade 3 full thickness tear, bone contusions, small joint effusion. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 1-12-10 and 5-5-08 that was normal. Currently, the injured worker complains of severe pain in the back, leg, and knee. There was anxiety and depression. The intrathecal pump refill was planned. Function continues to improve. Current medication includes Cymbalta, Baclofen, Cephalexin, and Hydrocodone-Acetaminophen. Per the primary physician's progress report (PR-2) on 9-1-15, exam noted fatigued appearance, balance problems, poor concentration, antalgic gait, pain in the anterior medial joint line and anterior tibia of the left knee as well as tenderness over the superior patella, internal rotation causes pain in the trochanteric bursa region and has anterior groin pain with external rotation. The Request for Authorization requested service to include Baclofen 10mg #90 with 5 refills, Senna S 8.6/50mg #120 with 3 refills, and Lactulose 10mg/15ml #900 with 6 refills. The Utilization Review on 9-14-15 modified the request for weaning for Baclofen 10mg #20 with 0 refills, partial certification for Senna S 8.6/50mg #120 with 2 refills, and partial certification for Lactulose 10mg/15ml #900 with 2 refills, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: CA MTUS states that muscle relaxants are recommended for short-term use. They have their greatest effect in the first 3-4 days and should not be continued beyond 2-3 weeks. They are indicated for spasticity and acute muscle spasm. In this case, there is no documentation of spasticity or acute muscle spasm. Long-term use is not supported by recommendations. Therefore, the request is not medically necessary or appropriate.

Senna S 8.6/50mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: CA MTUS Guidelines supports the prophylactic treatment of opioid-induced constipation with laxative/stool softener agents. In this case, the request is for Senna. There is documentation in the medical records of constipation; however, a 1-month prescription with 3 refills is not warranted. The patient needs to be reassessed on a periodic basis to determine the efficacy and necessity of the continued therapy. Therefore, the request is not medically necessary or appropriate.

Lactulose 10mg/15ml #900 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: CA MTUS Guidelines supports the use of prophylactic agents for opioid-induced constipation. In this case, constipation is documented in the medical records. However, a 1-month prescription with 6 refills is not warranted because the patient needs to be monitored more closely in order to reassess the efficacy and necessity of continued therapy. Therefore, the request is not medically necessary or appropriate.