

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0205173 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 10/27/2011 |
| Decision Date: | 12/10/2015 | UR Denial Date: | 10/14/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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, Hawaii

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 47 year old female, who sustained an industrial injury on October 27, 2011. She reported an injury to her right hand. The injured worker was diagnosed as having crush injury right hand with compartment syndrome. Treatment to date has included diagnostic studies, surgery, steroid injection, stellate ganglion block, functional restoration program, transcutaneous electrical nerve stimulation unit, physical therapy and medication. On July 7, 2014, initial pain management consultation notes listed the injured worker's medications as Doc-Q-Lace, Cymbalta, Lyrica, Norco and propranolol. On September 2, 2015, the injured worker complained of right hand pain rated as a 4 on a 1-10 pain scale. Her pain level was noted to remain unchanged since her last visit. No gastrointestinal symptoms were reported. Her current medications included Doc-Q-Lace, duloxetine, Norco, simethicone, Lyrica, propranolol, trazodone, Lexapro and levothyroxine. The treatment plan included a trial of Lexapro, trazodone, Cymbalta, Lyrica, docusate, Norco, simethicone, propranol, neurologist evaluation and a follow-up visit. On October 14, 2015, utilization review denied a request for Doc-Q-Lace 100 milligrams #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doc-Q-Lace 100 milligrams Soft gel, 1 tab twice a day #60: Overturned

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, criteria for use.

Decision rationale: The patient presents with right hand pain. The current request is for Doc-Q-Lace 100mg soft gel, 1 tab twice a day #60. The treating physician's report dated 10/07/2015 (137B) states, "Overall progressing well in functional restoration. Will refill Duloxetine, Simethicone, Doc-Q-lace, Propanolol Er." There is no other discussion about the requested medication. Medical records show that the patient is currently taking Norco for pain. The MTUS Guidelines page 77 on initiating therapy for opiate use states that the prophylactic treatment of constipation should be initiated when opioids are prescribed. Reports show that the patient has been using Doc-Q-Lace since before 07/08/2015. While records do not document constipation, MTUS supports the prophylactic treatment of constipation when opioids are prescribed. The current request is medically necessary.