

Case Number:	CM15-0021695		
Date Assigned:	02/11/2015	Date of Injury:	08/30/2011
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/05/2015

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 49-year-old male who reported an injury on 08/30/2011. The mechanism of injury involved a slip and fall. The current diagnoses include lumbar radiculopathy, low back pain, hip bursitis, foot pain, and pain in the joint of the lower leg. On 02/04/2015, the injured worker presented with complaints of 7/10 pain with radiation into the bilateral lower extremities. The injured worker reported worsening quality of life, decreased activity level and poor sleep quality. The current medication regimen includes Lidoderm 5% patch, Pennsaid 2% solution, Biotene dry mouth oral rinse, Senokot, Neurontin 600 mg, and oxycodone 15 mg. Upon examination of the lumbar spine, there was restricted range of motion with 45 degree flexion, 20 degree extension, 10 degree lateral rotation, tenderness to palpation, paravertebral muscle spasm, positive facet loading, and positive straight leg raise on the left at 80 degrees. There was 4/5 motor weakness in the left lower extremity with decreased sensation over the L5 and S1 dermatomes on the left. Recommendations included continuation of the current medication regimen. It was also noted that the injured worker was pending authorization for a series of x-rays to the bilateral hips as well as laboratory studies to address testosterone levels. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. In this case, it is noted that the injured worker has previously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate at this time.

Oxycodone 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has continuously utilized the above medication for an unknown duration. Despite the ongoing use of this medication, the injured worker continues to present with high levels of pain, poor sleep quality, worsening quality of life, and decreased activity level. In the absence of objective functional improvement, ongoing use of oxycodone 15 mg would not be supported. There is also no frequency listed in the request. As such, the request is not medically appropriate at this time.

Senokot-S tablet 8.6-50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Pain Procedure Summary (updated 12/31/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid induced constipation treatment.

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. The Official Disability Guidelines state first line treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. The

injured worker does not maintain a diagnosis of chronic constipation. It was noted on 02/04/2015, the injured worker denied symptoms of abdominal pain, heartburn, constipation, diarrhea, nausea, vomiting, or a change in bowel habits. The medical necessity for the ongoing use of the above medication has not been established in this case. There was also no mention of a failure of first line treatment. As such, the request is not medically appropriate.

Biotene dry mouth oral rinse #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2647960>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. Updated: 02 March 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Dry Mouth. Dry mouth is the feeling that there is not enough saliva in your mouth. Everyone has a dry mouth once in a while - if they are nervous, upset or under stress. But if you have a dry mouth all or most of the time, it can be uncomfortable and can lead to serious health problems. Symptoms of dry mouth include A sticky, dry feeling in the mouth. Trouble chewing, swallowing, tasting, or speaking. A burning feeling in the mouth. A dry feeling in the throat. Cracked lips. A dry, rough tongue. Mouth sores. An infection in the mouth. Dry mouth is not a normal part of aging. Causes include some medicines, radiation therapy, chemotherapy, and nerve damage. Salivary gland diseases, Sjogren's syndrome, HIV/AIDS, and diabetes can also cause dry mouth. Treatment depends on the cause. Things you can do include sipping water, avoiding drinks with caffeine, tobacco, and alcohol, and chewing sugarless gum or sucking on sugarless hard candy.

Decision rationale: According to the U.S. National Library of Medicine, dry mouth is not a normal part of aging. Causes include medications, radiation therapy, chemotherapy, and nerve damage. Treatment depends on the cause. According to the documentation provided, the injured worker had continuously utilized Biotene mouthwash. However, there was no documentation of persistent symptoms such as dry mouth or oral irritation. There was also no mention of an improvement in symptoms with the previous use of Biotene mouth rinse. Given the above, the request is not medically appropriate at this time.