

Case Number:	CM15-0022205		
Date Assigned:	02/11/2015	Date of Injury:	10/05/2000
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 62-year-old female who reported an injury on 10/05/2000. The mechanism of injury was not specifically stated. The current diagnoses include a cervical herniated disc, cervical radiculitis, herniated lumbar disc, lumbar radiculitis, chronic pain related sexual dysfunction, depressive anxiety, insomnia, and lumbar facet syndrome. The injured worker presented on 01/15/2015 for a follow up evaluation. The injured worker reported pain throughout her entire body with numbness and tingling in the bilateral feet. The injured worker also reported headaches, nausea, and hot and cold flashes. Physical activity was very difficult secondary to pain. The injured worker reported 8/10 pain with medication and 10/10 without medication. There was no physical examination provided on that date. It was noted that the injured worker had difficulty ambulating secondary to pain in the bilateral feet. A spine surgery consultation was recommended, as well as a lumbar epidural steroid injection. The injured worker was also instructed to continue with the current medication regimen of Sentra AM, Dilaudid 4 mg, Zanaflex 4 mg, Lyrica 150 mg, amitriptyline 25 mg, Colace 100 mg, Lasix 20 mg, Percura, and gabapentin 500 mg. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100 mg QTY: 90.00 (duration of 2-months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid induced constipation treatment.

Decision rationale: California MTUS Guidelines recommend initiating prophylactic treatment of constipation 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. In this case, there was no documentation of a failure of first line treatment. The injured worker does not maintain a diagnosis of chronic constipation. There were no subjective complaints of constipation or a change in bowel habits. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

Lasix 20 mg QTY: 30.00 (duration of 2-months): Upheld

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

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 medication. Official Disability Guidelines do not specifically address the requested medication. Updated: 02 March 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Furosemide. Furosemide is used alone or in combination with other medications to treat high blood pressure. Furosemide is used to treat edema (fluid retention; excess fluid held in body tissues) caused by various medical problems, including heart, kidney, and liver disease. Furosemide is in a class of medications called diuretics ('water pills'). It works by causing the kidneys to get rid of unneeded water and salt from the body into the urine. High blood pressure is a common condition and when not treated, can cause damage to the brain, heart, blood vessels, kidneys and other parts of the body. Damage to these organs may cause heart disease, a heart attack, heart failure, stroke, kidney failure, loss of vision, and other problems. In addition to taking medication, making lifestyle changes will also help to control your blood pressure. These changes include eating a diet that is low in fat and salt, maintaining a healthy weight, exercising at least 30 minutes most days, not smoking, and using alcohol in moderation.

Decision rationale: According to the US National Library of Medicine, Lasix is used to treat high blood pressure and edema caused by various medical problems. In this case, there was no indication that this injured worker suffers from lower extremity edema or high blood pressure. The medical necessity for the ongoing use of this medication has not been established in this

case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Percura QTY: 120.00 (duration of 2-months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical food.

Decision rationale: Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician, and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. In this case, there was no documentation of a dietary or nutritional deficit. Based on the available information and lack of proven efficacy, the medical necessity for the requested medical food has not been established. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

Lumbar epidural steroid injection with epidurogram, medical clearance, and reevaluation for epidural steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. In this case, there was no documentation of lumbar radiculopathy upon examination. There was no evidence of a recent attempt at any conservative treatment prior to the request for an epidural steroid injection. There is insufficient evidence of a positive straight leg raise or a sensory or motor deficit. Given the above, the request is not medically appropriate.