MAXIMUS Federal Services

Case Number:	CM15-0022750		
Date Assigned:	02/12/2015	Date of Injury:	01/12/2013
Decision Date:	04/06/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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, 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 32-year-old male who reported injury on 01/12/2013. The mechanism of injury was not provided. The documentation of 12/02/2014 revealed the injured worker had complaints of right knee pain and neck pain radiating to the left shoulder. The injured worker had difficulty sleeping at night. Medications reduced symptoms. The objective findings revealed the injured worker had tenderness to palpation and spasms in the left paracervical region. The injured worker had decreased range of motion of the cervical spine and left shoulder. The diagnosis included cervical spine sprain/strain, left shoulder subacromial impingement, lumbar spine sprain/strain, and right knee sprain/strain with partial thickness lateral meniscus tear/low grade tricompartmental articular cartilage loss. The treatment plan included a home exercise program, a knee brace, and continued conservative care. The medications that were prescribed included Celebrex 200 mg #90 with 1 refill 1 by mouth twice a day, baclofen 10 mg #90 no refill 1 by mouth twice a day for spasms, and Tylenol No. 3 #90 no refills 1 by mouth every 6 hours as needed pain. The documentation of 12/30/2014 was handwritten and difficult to read. The medications included Tylenol No. 3, Colace, Celebrex, baclofen, and Zantac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation failed to provide the duration of use for the requested medication. However, it was noted to be utilized for at least 1 month. The request as submitted failed to indicate the frequency and efficacy for the requested medication. Given the above, the request for Colace 100 mg #90 is not medically necessary.

Baclofen 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations for short term usage. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Baclofen 10mg #90 is not medically necessary.

Tylenol no. 3 # 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12, 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation the injured worker was

being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tylenol no. 3 # 20 is not medically necessary.