MAXIMUS Federal Services

Case Number:	CM15-0032104		
Date Assigned:	02/25/2015	Date of Injury:	05/18/2010
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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: Arizona, California
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:

This 59 year old female sustained a work related injury on 05/18/2010. According to the most recent progress report submitted for review and dated 11/12/2014 the injured worker complained of back pain radiating from the low back down both legs and lower backache. Pain level was decreased since prior visit. Pain with medication was rated 0 on a scale of 1-10 and 4 without medications. Quality of sleep was fair. Activity level remained the same. Medications included Omeprazole, Colace, Cyclobenzaprine, Trazodone, Abilify, Wellbutrin, Gabapentin, Lidoderm, Ibuprofen and Nucynta. Diagnoses included low back pain and radiculopathy. Colace was prescribed as needed for constipation secondary to opiate med, Nucynta. The provider noted that constipation is a common side effect with opiate med. With the medications, the injured worker had regular bowel movements. On 01/23/2015, Utilization Review non-certified Tylenol Extra Strength 500mg quantity 150, Colace 100mg quantity 60 with 3 refills and Ibuprofen 600mg quantity 60 with 3 refills. According to the Utilization Review physician in regard to Tylenol, there was no documentation of objective functional benefit with prior use of this medication. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. In regard to Colace, medical necessity is not established without documented complaints of constipation. Mosby's Drug Consult was referenced. In regard to Ibuprofen, there was no documentation of objective functional benefit with prior use of this medication. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol extra strength 500mg quantity 150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11.

Decision rationale: According to the guidelines, Tylenol is recommended for chronic pain due to arthritis and low back pain. In this case, the claimant had chronic back pain with good pain control on Tylenol. The continued use of Tylenol is appropriate and medically necessary.

Colace 100mg quantity 60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiods Page(s): 82-92.

Decision rationale: According to the guidelines stool softeners are recommended when opioids are initiated. The claimant was not on opioids. There was no mention of persistent constipation. The continued and long-term use of stool softeners is not recommended and not medically necessary.

Ibuprofen 600mg quantity 60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAID are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective that acetaminophen for acute LBP. In this case, the claimant had been on Ibuprofen for several months. The pain on Ibuprofen was 4/10. The addition of Tylenol was not challenged with the tapering of Tylenol. Long-term use can lead to GI and renal risks. The continued use of Ibuprofen is not medically necessary.