

Case Number:	CM15-0036413		
Date Assigned:	03/04/2015	Date of Injury:	02/22/1999
Decision Date:	04/14/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/26/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 male, who sustained an industrial injury on 02/22/1999. On provider visit dated 01/26/2015 the injured worker has reported chronic back pain and leg numbness. On examination, he was noted as lumbar spine having rigid, guarding and decreased range of motion due to pain and tenderness at lumbar paraspinal muscles. The diagnoses have lumb/lumbosac disc degeneration and chronic pain. Treatment to date has included medication. On 02/15/2015 Utilization Review non-certified Norco 10/325 mg 1 TID PRN #100, Amitiza 24mcg 1 BID PRN #60 refill 3, Senokot-S 2 BID PRN #120 refill 3 and Lyrica 50mg 1 TID #90 refill 3. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 1 TID PRN #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
 Page(s): 78.

Decision rationale: Guidelines recommend documented monitoring of ongoing use of opioids to include pain relief, side effects, physical and psychological functioning, and the occurrence of potentially aberrant drug use. The medical records indicate the patient has chronic low back pain but there is no documentation of pain relief, objective functional improvement, side effects or an assessment of aberrant drug related behavior. Thus, the request for Norco 10/325 mg # 100 is not medically appropriate and necessary.

Amitiza 24mcg 1 BID PRN #60 refill 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter.

Decision rationale: Guidelines recommend prophylactic treatment of opioid induced constipation to be initiated when opioid therapy is initiated. In this case, the patient reported ongoing low back pain and constipation and there was no evidence of medication efficacy or a decrease in constipation symptoms. Thus, the request for Amitizia 24 mcg #60 is not medically appropriate and necessary.

Senokot-S 2 BID PRN #120 refill 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Guidelines recommend prophylactic treatment of opioid induced constipation to be initiated when opioid therapy is initiated. In this case, the patient reported ongoing low back pain and constipation and there was no evidence of medication efficacy or a decrease in constipation symptoms. Thus, the request for Senokot #120 is not medically appropriate and necessary.

Lyrica 50mg 1 TID #90 refill 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: Guidelines recommend Lyrica as a first line treatment for diabetic neuropathy and postherpetic neuralgia. In this case, there was no evidence of objective

functional improvement and objective pain relief with medication and this patient does not suffer from a current working diagnosis for which Lyrica is indicated. Thus, the request for Lyrica 50 mg #90 with 3 refills is not medically appropriate and necessary.