

Case Number:	CM15-0039065		
Date Assigned:	03/09/2015	Date of Injury:	11/17/2003
Decision Date:	04/10/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

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:

The injured worker is a 44-year-old female, who sustained an industrial injury on 11/17/2003. The details regarding the initial injury and a complete list of prior treatment were not submitted for this review. The diagnoses have included lumbar discogenic pain, degenerative disc disease, and chronic low back pain. L5 radiculopathy, chronic pain syndrome, and Gastroesophageal Reflux Disease (GERD) secondary to Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) therapy. Currently, the IW complains of pain in the lower back radiation to bilateral lower extremities rated 9/10 without medication and 5-7/10 VAS with medications. The physical examination from 2/16/15 documented decreased sensation in bilateral lower extremities and tenderness over lower lumbar paraspinal muscles with spasms. The plan of care included continuation of medication therapy as previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 20mg #120: 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 Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement presented. Likewise, this request is not considered medically necessary.

Ducosate sodium 100mg #60: 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 Initiating therapy (chronic narcotics) Page(s): 77.

Decision rationale: In accordance with California MTUS guidelines, when prescribing narcotics "(d) Prophylactic treatment of constipation should be initiated." Docusate sodium (also known as Colace) is an over the counter stool softener. This patient's chronic narcotic medication has not been found to be medically necessary. Therefore, Docusate sodium is also not considered medically necessary.