

Case Number:	CM15-0055277		
Date Assigned:	03/30/2015	Date of Injury:	09/19/2006
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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

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 a 60 year old male, who sustained an industrial injury on 09/19/2006. The injured worker is currently diagnosed as having status post L4-L5 anterior posterior decompression and fusion with instrumentation, residual low back and right radicular pain, abdominal pain, gastroesophageal reflux disease, and opioid induced constipation. Treatment to date has included psychotherapy, acupuncture, and medications. In a progress note dated 02/26/2015, the injured worker presented with complaints of continued low back pain extending to the right lower extremity. The treating physician reported requesting authorization for trial of Tylenol #3, Colace, and replacement supplies for electric stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Tylenol #3, sixty count, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic low back pain with radiation to the right lower extremity. The treating physician has documented status post L4-L5 anterior posterior decompression and fusion with instrumentation, residual low back and right radicular pain, abdominal pain, gastroesophageal reflux disease, and opioid induced constipation. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Tylenol #3, sixty count is not medically necessary.

Colace 100 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The requested Colace 100 mg, thirty count, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, Page 77, noted in regards to opiate treatment that opiates have various side effects, that include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction and that Prophylactic treatment of constipation should be initiated. The injured worker has chronic low back pain with radiation to the right lower extremity. The treating physician has documented status post L4-L5 anterior posterior decompression and fusion with instrumentation, residual low back and right radicular pain, abdominal pain, gastroesophageal reflux disease, and opioid induced constipation. The treating physician has not documented the duration of opiate therapy, presence of constipation, nor symptomatic or functional improvement from previous use of this medication. The criteria noted above not having been met, Colace 100 mg, thirty count is not medically necessary.

Replacement leads, batteries and pads for VQ electric stimulation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation Page(s): 118-120.

Decision rationale: The requested Replacement leads, batteries and pads for VQ electric stimulation, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no published randomized trials comparing TENS to Interferential current stimulation; and the criteria for its use are: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The injured worker has chronic low back pain with radiation to the right lower extremity. The treating physician has documented status post L4-L5 anterior posterior decompression and fusion with instrumentation, residual low back and right radicular pain, abdominal pain, gastroesophageal reflux disease, and opioid induced constipation. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Replacement leads, batteries and pads for VQ electric stimulation is not medically necessary.