

Case Number:	CM15-0057896		
Date Assigned:	04/02/2015	Date of Injury:	06/26/2000
Decision Date:	05/15/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/26/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old male who reported an injury on 06/26/2000 with an unknown mechanism of injury. Surgical history included a lumbar fusion at L4-5 and L5-S1 on an unknown date. Removal of the lumbar hardware was performed in 10/2003. Diagnostic studies included an undated MRI of the lumbar spine, which revealed mild to moderate central stenosis at L3-4 with right neural foraminal stenosis at the level of L3-4. Treatment to date includes chiropractic care, physical therapy, massage therapy, medications, and surgery. The clinical note dated 02/24/2015 indicated the injured worker was seen with continued complains of moderate levels of pain in the lower lumbar region. Physical examination revealed restricted motion of the lumbar spine. Hyperextension of the lower back caused radiating pain to the right posterior thigh. There was muscle spasms noted. A straight leg raise was negative to the left in the sitting as well as the supine positions. Straight leg raise was positive to the right in a sitting as well as a supine position. There was noted to be decreased sensation in the L5-S1 dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for chronic pain. Failure to respond to a time-limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. Opioids are recommended as the standard of care for treatment of moderate or severe nociceptive pain or pain that is defined as presumed to be maintained by continual injury, with the most common example being pain secondary to cancer. In this case, the injured worker is currently diagnosed with lumbago and pain in the thoracic spine. However, there was no documentation regarding adequate pain relief or functional response gained from the use of this medication. Given all of the above, this request is not medically necessary.

Norflex 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The California MTUS Guidelines note that muscle relaxants are recommended in certain situations for chronic pain. Non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations with chronic lower back pain. The clinical documentation submitted for review showed no indication of adequate pain relief or functional benefits gained from the use of this medication. In addition, long-term use of this medication is not supported. Given all of the above, this request is not medically necessary.

Mobic 7.5 mg #60: 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): 67-68.

Decision rationale: According to the California MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. The clinical documentation submitted for review does not indicate exactly how long the injured worker has been using this medication. There was no evidence of objective functional benefits as a result of this medication, and there was no rationale submitted as to the need for continuation. Given the above, this medication is not medically necessary.

Prilosec 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines note that proton pump inhibitors are recommended for individuals with GI symptoms no cardiovascular risk with precautions, such as those who are under multiple or high doses of NSAIDs and those above age 65 years. The clinical documentation submitted for review showed no indication as to how long the injured worker has been using this medication. There was no evidence of continued NSAID usage or specific documentation of gastrointestinal complaints. As such, this request is not medically necessary.

Gabapentin 300 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The California MTUS guidelines note that anti-epilepsy drugs are also referred to as anti-convulsants. They are recommended for neuropathic pain. The clinical documentation submitted for review shows no specific indication that the injured worker is experiencing neuropathic pain. In addition, there was no documentation of functional benefits gained from the use of this medication. Given the above, this request is not medically necessary.

Lactulose 1 oz. #32 oz.: 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 , Opioid-induced constipation treatment.

Decision rationale: The Official Disability Guidelines indicate that opioid induced constipation treatment is recommended for patients with long-term use of opioid medications. First line treatment to treat constipation includes increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet rich in fiber. The clinical documentation showed no indication that the injured worker is suffering from constipation. There was no indication of the use of first line treatment to treat constipation,

including adjusting diet, maintaining appropriate hydration, or increasing physical activity. In addition, there was no indication of prior use of over the counter medications to help loosen otherwise hard stools. As such, this request is not medically necessary.