

Case Number:	CM15-0083766		
Date Assigned:	05/06/2015	Date of Injury:	04/02/2010
Decision Date:	06/04/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/01/2015

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: North Carolina

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 61-year-old female, who sustained an industrial injury on April 2, 2010. The injured worker was diagnosed as having herniated nucleus pulposus (HNP) of the lumbar spine and ongoing neck and mid-back complaints. Treatment to date has included acupuncture, chiropractic treatments, physical therapy, electromyography (EMG)/nerve conduction study (NCS), MRI, home exercise program (HEP), and medication. Currently, the injured worker complains of neck and back pain, radiating down both arms to her hands, with numbness in the fingertips of her right hand, and numbness starting in her left hand, right hand weakness, and radiation of pain down both legs down to the feet. The Primary Treating Physician's report dated January 9, 2015, noted the injured worker reported having increased pain in both the neck and back since her last visit, rating it at 7/10 on the pain scale. The injured worker reported previous acupuncture one year previously helped decrease her pain, allowed her to increase her sleep, and allowed her to increase her walking distance. Lidopro cream was noted to provide the injured worker with good relief. Physical examination was noted to show an antalgic gait, with palpation tenderness in her lower lumbar facet region bilaterally. Range of motion (ROM) of the cervical spine and lumbar spine was noted to have flexion limited in all planes, with decreased sensation in L5 and S1 dermatomes on the right. Electromyography (EMG)/nerve conduction study (NCS) dated December 17, 2012, was noted to be a normal study. The treatment plan was noted to include requests for authorization for eight visits of acupuncture for the neck and back, and a walker with wheels and a seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24 MCG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required.(c) Only change 1 drug at a time.(d) Prophylactic treatment of constipation should be initiated. The patient is not currently on opioid therapy. The patient does not have a diagnosis of IBS or constipation. Therefore, the request is not certified.