

Case Number:	CM15-0085473		
Date Assigned:	05/07/2015	Date of Injury:	05/03/2002
Decision Date:	07/07/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/04/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports 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 45-year-old female injured worker suffered an industrial injury on 05/03/2002. The diagnoses included right arm/hand reflex sympathetic dystrophy, chronic pain syndrome, insomnia, anxiety, and pain in the limb. The injured worker had been treated with medications. On 3/31/2015, the treating provider reported the pain level was 710 after medication and 10/10 without medications. The treatment plan included Cymbalta, Colace, Senna, Compazine, and Relistor SQ.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pages 15-16 Cymbalta.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Cymbalta. MTUS guidelines state the following: Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): is approved for a first line option against diabetic neuropathy. The clinical documents do not state the clinical reason she is currently taking Cymbalta, there is only mention of her staying warm, nor the outcomes of taking this medication. According to the clinical documentation provided and current MTUS guidelines, Cymbalta is not indicated as a medical necessity to the patient at this time.

Colace 250mg #100: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs, online, Colace.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing therapy, page 77.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Colace. MTUS guidelines state the following: (d) Prophylactic treatment of constipation should be initiated. The clinical documents state that the patient was taking Narcotic Medications that induced constipation. According to the clinical documentation provided and current MTUS guidelines, Colace is indicated as a medical necessity to the patient at this time.

Senna 8.6mg #100: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation RxList, online, Senna.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing therapy, page 77.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Senna. MTUS guidelines state the following: (d) Prophylactic treatment of constipation should be initiated. The clinical documents state that the patient was taking Narcotic Medications that induced constipation. According to the clinical documentation provided and current MTUS guidelines, Senna is indicated as a medical necessity to the patient at this time.

Compazine 10mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioids nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain - Antiemetics (Compazine).

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Compazine. Guidelines state the following: Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid usage. According to the clinical documentation provided and current guidelines, Compazine is not indicated as a medical necessity to the patient at this time.

Relistor SQ 12mg/0.6ml #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation RxList, online, Relistor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing therapy, page 77.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Relistor. MTUS guidelines state the following: (d) Prophylactic treatment of constipation should be initiated. The patient is currently on two medications for constipation. The clinical documentation states that with these two meds, she still have difficulty with bowel movements According to the clinical documentation provided and current MTUS guidelines; Relistor is indicated as a medical necessity to the patient at this time.