

Case Number:	CM14-0114359		
Date Assigned:	09/22/2014	Date of Injury:	05/12/2010
Decision Date:	10/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old male who reported an injury on 05/12/2010 due to while working at a car service department, felt a sharp pain while pushing a vehicle. The injured worker has diagnosis of lumbar spine strain and lumbar spine degenerative joint disease. The injured worker's past treatment includes acupuncture, steroid injections, chiropractic therapy, physical therapy, heat adjustments, and medication therapy. Medications include Cymbalta, Norco, tizanidine, Lexapro, and docusate. The injured worker has undergone x-rays, MRI of the lumbar spine and EMG/NCV of the lower extremities bilaterally. He has also undergone post hernia repair. On 08/13/2014, the injured worker was seen for a follow-up on stress and depression. The injured worker stated that he felt better, but not much. There were no objective findings submitted for review regarding the injured worker's lower back. The treatment plan is for the injured worker to continue the use of medications. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20mg, quantity 30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Antidepressants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

Decision rationale: The request for Lexapro 20mg, qty 30 with 2 refills is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of analgesic medication, and sleep quality and duration. Side effects including excessive sedation, especially that which would affect work performance should be assessed. The optimal duration of treatment is not known because most double blind trials have been of short duration between 6 to 12 weeks. The submitted documentation lacked any evidence of an objective assessment of the injured worker's pain level. The frequency was also not provided in the request. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Docusate Sodium 100mg, quantity 30 with 2 refills: 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 (Docusate).

Decision rationale: The request for Docusate Sodium 100mg, qty 30 with 2 refills is not medically necessary. ODG recommends opioid induced constipation treatment. When prescribing an opioid, especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be to identify and correct it. Simple treatments including increasing physical therapy, maintaining hydration by drinking enough water, and advising the injured worker to follow a proper diet rich in fiber, can reduce the chance and severity of opioid induced constipation and constipation in general. The submitted documentation did not indicate that the provider had educated the injured worker on proper hydration, proper diet, and proper exercise regarding opioid induced constipation. Furthermore, this noted documentation did not indicate that the injured worker had any complaints of constipation. Given the above, the medical necessity of docusate is unclear. As such, the request is not medically necessary.

Norco 10/325mg, quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325mg, qty 60 is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It is further recommended that dosing of opioids not exceed 120 mg oral morphine equivalents per day and for patients taking more than 1 opioid, the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose. Guidelines also stipulate and an assessment should be submitted for review indicating what pain levels were before, during, and after medication administration. The submitted documentation lacked any evidence of efficacy of medication. Additionally, there was no indication that the Norco was helping with functional deficits. There was no drug screen or urinalysis submitted for review showing that the injured worker was compliant with medications. Furthermore, the request as submitted did not indicate a frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Tizanidine 15mg, quantity 30 with 2 refills: 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
Tizanidine, Page(s): 66.

Decision rationale: The request for Tizanidine 15mg, qty 30 with 2 refills is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. It was noted in the submitted documentation that the injured worker had been on this medication since at least 08/2014, exceeding the recommended guidelines for short term use. Furthermore, the request as submitted is for tizanidine 15 mg with a quantity of 30 plus 2 refills, also exceeding the recommended guidelines for short term use. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.