

Case Number:	CM14-0131025		
Date Assigned:	08/20/2014	Date of Injury:	04/04/2012
Decision Date:	10/09/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/15/2014

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 and is licensed to practice in Illinois. 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 34-year-old male who reported an injury on 04/04/2012. The mechanism of injury was the injured worker was standing on a pipe to cut tomatoes when he slipped and fell. The surgical history was not provided. The documentation indicated the injured worker had a normal renal function as of 07/29/2013. The diagnostic included a CT of the scan and X-Rays of the ribs. The injured worker's medications included Percocet, Robaxin, Omeprazole, and Senna, as well as Medrox patches as of early 2013. The injured worker's medications included muscle relaxants as of at least 05/2013. The documentation of 07/09/2014 revealed the injured worker had ongoing neck, mid back, and low back pain rated 7/10. The injured worker's pain level with medication was 7/10 and without medication was 9/10. The injured worker had 30% relief with the use of Flexeril and the medication calmed his muscle spasms and helped him to relax. The Prilosec gave 50% relief and helped with "GI." The injured worker indicated before Norco, he was taking Percocet and Norco was causing him to have anxiety and a feeling of desperateness. The prior therapies included 8 sessions of chiropractic care, and 23 sessions of acupuncture. The objective findings revealed the injured worker had diffuse tenderness to palpation of the cervical and lumbar spine with spasms. The injured worker had diminished sensations of the right C5-8 dermatomes. The injured worker had diminished sensation of the right L3-S1 dermatomes. The injured worker was hyper-reflexic in the bilateral biceps, brachioradialis, triceps, patellar, and Achilles reflexes. The straight leg raise was limited to 45 degrees on the left and 60 degrees on the right. The diagnoses included degenerative disc disease of the lumbar spine, L5 bilateral spondylosis, L5-S1 grade 1 anterolisthesis, retrolisthesis of L3-4 and L4-5, lumbar radiculopathy, multiple herniated nucleus pulpous of the thoracic spine and degenerative disc disease of the cervical spine. The treatment plan included a continuation of Percocet 5/325 mg #120 as needed for pain, Norflex #60 for spasms, Senna 8.6/50 mg #60 for medication induced

constipation, Prilosec for gastritis with 1 refill, a medication panel to further evaluate the injured worker's liver and kidney function for medication safety, and a primary provider consultation for the injured worker's continued GI complaints as well as a pain psychology consult. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg ER qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-65, 68-69.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for at least 2 months. The documentation indicated that the injured worker go 30% relief and the medication helped calm his muscle spasm and helped him relax. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Orphenadrine Citrate 100mg ER qty: 60 effective 7/9/2014 is not medically necessary.

Omeprazole cap 20mg qty: 60: 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 NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines indicate that Proton Pump Inhibitor are recommended for injured workers at an intermediate or high risk for gastrointestinal events. The clinical documentation indicated the injured worker had utilized the medication since at least early 2013. The clinical documentation submitted for review failed to provide the injured worker be at intermediate or high risk for gastrointestinal events. However, it indicated the injured worker had 50% relief with Prilosec and that it helped with his GI complaints. Specific GI complaints were not noted. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole cap 20mg qty: 60 effective 7/9/2014 is not medically necessary.

Percocet -tab 5-325mg qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation indicated the injured worker had utilized opiates since at least early 2013. The clinical documentation submitted for review indicated the injured worker had the side effect of constipation and there was documentation that the injured worker had an objective decrease in pain from a 9/10 to a 7/10 with medications. However, there was a lack of documentation indicating objective functional improvement and documentation the injured worker is being monitored for aberrant drug behavior. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet - tab 5-325mg qty: 120 effective 7/9/2014 is not medically necessary.

Senna 8.6/50mg qty: 60: 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 Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend when initiating opioid therapy, there should be prophylactic treatment of constipation. The clinical documentation submitted for review failed to provide the efficacy for the requested medication. The documentation indicated the injured worker had utilized the medication since at least early 2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Senna 8.6/50mg bid qty: 60 effective 7/9/2014 is not medically necessary.

PCP consult for GI complaints: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Office visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Guidelines indicate that upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. This request was previously denied as the injured worker was noted to be stopping the medications and there would be no necessity for a consultation with the primary care physician. The clinical

documentation submitted for review failed to support the necessity for the ongoing medications. However, as the injured worker continued to have the complaint, this request would be supported. Given the duration of the complaints, the request for PCP consult for GI complaints is medically necessary.

Med Panel to Monitor Liver and Kidney Function: 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 Laboratory Testing, NSAIDS Page(s): 70.

Decision rationale: The California MTUS Guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a Complete Blood Count and chemistry profile including liver and renal function testing. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating laboratory testing after this treatment duration has not been established. The clinical documentation submitted for review indicated the injured worker had been tested on 07/29/2013 and had a normal renal panel. There was a lack of documented rationale and necessity for repeat studies. Given the above, the request for Med Panel to Monitor Liver and Kidney Function is not medically necessary.