

Case Number:	CM14-0136346		
Date Assigned:	09/03/2014	Date of Injury:	12/05/2011
Decision Date:	10/14/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology and is licensed to practice in Texas and Florida. 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 patient is a 36 year old who was injured on 12/5/2011. The diagnoses are neck pain, low back, fibromyalgia and headache. There are associated diagnoses of post concussion syndrome, erectile dysfunction and depression. On 8/8/2014, the treating physician noted subjective complaints of low back pain and neck pain with radiation to the extremities. The pain score was 5-6/10 on a scale of 0 to 10. The patient reported a 50% reduction in pain and increased ADL with medication management. On 2/12/2014, the treating physician noted that a request for psychiatry treatment with denied by the carrier. The medications are Vicodin, etodolac and Voltaren gel for pain and Colace for the treatment of opioid induced constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 50,mg #60 (2 refills): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: The CA MTUS recommend that prophylaxis for the prevention of constipation be initiated and continued during chronic opioids treatment. It is also recommended

that conservative measures including increase in fiber and fluid intake be implemented. The records indicate that the patient is on chronic opioid treatment with Vicodin. The criteria for the use of Colace 50mg #60 2 refills was met.

Etodolac 300mg #60 (2 refills): Overturned

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): 67-73.

Decision rationale: The CA MTUS recommend that NSAIDs can be utilized in the management of exacerbations of musculoskeletal pain. The records indicate that the patient reported significant reduction in pain scores and increase in physical activities following medication management. No side effect was reported. The criteria for the use of etodolac 300mg #60 2 refills was met.

Voltaren 1% topical gel 100gm x2 (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 NSAIDs Page(s): 67-73, 111-113.

Decision rationale: The CA MTUS recommend that topical NSAIDs can be utilized in the management of joint pain when oral NSAIDs are ineffective or cannot be tolerated. The use of multiple NSAIDs in oral and topical formulations is associated with increased risk of renal, cardiovascular and gastrointestinal side effects. The records indicate that the patient is utilizing oral etodolac and topical Voltaren. There is decreased efficacy with chronic use of topical NSAID medications. The criteria for the use of Voltaren 1% topical gel 100gm 2 refills was not met.