

Case Number:	CM14-0151675		
Date Assigned:	10/23/2014	Date of Injury:	09/25/1991
Decision Date:	11/20/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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 American Board Internal 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:

58 yr. old male claimant sustained a work injury on 9/25/91 involving the neck, back, wrists and elbow. He was diagnosed with cervical disc degeneration, lumbar disc degeneration, carpal tunnel syndrome and obesity. He underwent lumbar surgery in 1995 and 2003 as well as cervical fusion of C7-T1. A progress notes on 8/25/14 indicated the claimant had right elbow and left iliac pain. He had recurrent infections of his right iliac bone and had undergone debridements. Exam findings were notable for left sided straight leg raise, decreased range of motion of the entire spine due to pain and spasms in the back and shoulders. A request was made for a recliner since his current one was 6 years old. He was continued on Percocet and Motrin for pain # 90 with 3 refills and Amitza for constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Motrin 600 mg, ninety count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the MTUS guidelines, NSAIDs such as Motrin are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, the claimant was given 3 months supply while on Percocet. There is no indication for long-term use while on opioids. There is no indication of Tylenol failure. The Motrin as above is not medically necessary.

One power reclinable/adjustable chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code LC4600(a)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain

Decision rationale: According to the ODG and ACOEM guidelines, there is little evidence for the use of a chair and doesn't provide lasting relief. It is not recommended. It is an option is compression fractures and treatment of instability. In this case, the claimant did not have a lumbar fracture or any instability to require continued use of a reclinable chair.

One prescription of Amitiza 24 mcg, sixty count with three 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 (ODG), Pain (Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Amitiza is used for chronic constipation due to opioid use. According to the MTUS guidelines, it prophylaxis for constipation is recommended when initiating opioids. In this case, the claimant had been on opioids for over a year. There was no current indication of constipation or an abnormal abdominal exam. The continued use of Amitiza is not medically necessary.