

Case Number:	CM14-0096620		
Date Assigned:	07/28/2014	Date of Injury:	04/19/2002
Decision Date:	09/22/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/24/2014

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 Emergency 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:

This injured worker has a date of injury of 4/19/2002. The patient has a diagnosis of lumbar disc displacement, gastritis, cellulitis of leg, lumbosacral neuritis, lumbago and obesity. Medical records reviewed. The last report available (Secondary Treating Physician's Progress Report) was dated 6/16/14. Many of the notes relate to wound care. The patient has leg wound and venous stasis issues. The patient also has back pains. The pain is severe and limiting activity of daily living. Objective exam reveals abdominal exam is benign. The exam also reveals tenderness to lumbar paraspinal muscles, dysesthesia at L5 and S1 dermatomes, positive straight leg raise, bilateral knee pain, positive McMurrays and positive patellar compression test. The patient is on Norco, Losartan, HCTZ, Nizatidine and Omeprazole. The injured worker has chronically been on opioids for back pains. Independent Medical Review is for Laxacin tablets #100 (serve date 11/21/13-1/21/14) Prior UR on 5/29/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Laxacin tablets, #100 for dates of service 11/21/13 - 1/21/14:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77.

Decision rationale: Laxacin is Docusate Sodium and Senna, a stool softener and constipation medication. As per MTUS Chronic pain guidelines, patients on chronic opioid use should be placed on constipation prophylaxis. The patient is on chronic opioid therapy. Therefore, Laxacin is medically necessary.