

Case Number:	CM14-0216440		
Date Assigned:	01/06/2015	Date of Injury:	05/14/1999
Decision Date:	03/04/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 46-year-old male with a work related injury dated 05/14/1999. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a primary physician's progress report dated 11/24/2014, the injured worker presented for a re-evaluation. Diagnoses included chronic thoracic strain, residual left knee internal derangement status post left knee arthroscopy, situational depression/anxiety, and pain related insomnia. Noted treatments have consisted of injections, Transcutaneous Electrical Nerve Stimulation Unit, left knee arthroscopy with synovectomy and excision of plica on 07/01/2010, and medications. Diagnostic testing included a repeat MRI of the left knee on 07/20/2014 which showed a split in the anterior meniscal tibial root with anterior interval ganglion cyst and MRI of the lumbar spine dated 01/24/2014 which showed multilevel degenerative changes with a tiny peripheral annular tear in the right neural foramen at L5-S1 with a 1-2mm protrusion, mild facet degenerative changes are noted at L4-5 with mild to moderate left and minimal right foraminal stenosis, and minimal ventral and lateral disc osteophyte complex at L2-3 and L3-4 with diffuse annular bulging. Work status is noted as restrictions of no lifting more than 20 pounds and avoidance of any repetitive lifting. On 12/08/2014, Utilization Review modified the request for 1 prescription of DSS Sodium 250mg #30 with 1 refill to 1 prescription of DSS Sodium 250mg #30 between 11/24/2014 and 2/2/2015. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DSS sodium 250mg quantity 30 with one refill: 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 (non-steroidal anti-inflammatory drugs) Page(s): 68-78.

Decision rationale: ONE PRESCRIPTION OF DSS SODIUM 250 MG #30 WITH ONE REFILL: This patient presents with chronic neck, low back, and left knee pain. The current request is for 1 prescription of DSS Sodium 250 mg #30 with 1 refill. The utilization review modified the certification from 1 prescription of DSS Sodium 250 mg #30 with 1 refill to a certification of 1 prescription of DSS Sodium 250 mg #30 between 11/24/2014 and 02/02/2015. MTUS Guidelines page 68 to 78 discusses prophylactic medication for constipation when opiates are used. This patient's medication includes multiple opioids. MTUS Guidelines allows for prophylactic use of medication for constipation when opiates are taken. Given this patient's long-term opiate regimen, the requested DSS Sodium IS medically necessary.