

Case Number:	CM14-0217421		
Date Assigned:	01/07/2015	Date of Injury:	02/22/2012
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

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: North Carolina

Certification(s)/Specialty: Family Practice

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 51-year-old with a reported date of injury of 02/22/2012. The patient has the diagnoses of left acetabular fracture status post open reduction and internal fixation, lumbar disc herniation with radiculopathy, left knee internal derangement, left lower extremity reflex sympathetic dystrophy symptoms, anxiety/depression, DVT of the lower extremity, cervical disc herniation with radiculopathy, head trauma with cephalgia, gastritis and right eye visual impairment. . Per the most recent progress notes provided for review from the primary treating physician dated 12/11/2014, the patient had complaints of low back pain with numbness in the left leg along with gastritis and headaches. The physical exam noted a bilateral positive straight leg raise test, decreased sensation in the L5-S1 dermatome, lumbar paraspinal tenderness with spasm and decreased lumbar range of motion. The left knee showed medial joint line tenderness and a positive chondromalacia patella compression test and McMurray's test. Treatment plan recommendations included GI evaluation, home health care, neurology consult and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docqlace Cap 100mg #60: 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 opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states:(a) Intermittent pain: Start with a short-acting opioid trying one medication at a time.(b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of rescue opioids. The need for extra opioid can be a guide to determine the sustained release dose required.(c) Only change 1 drug at a time.(d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore the request is certified.