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| Case Number: | CM14-0218445 | | |
| Date Assigned: | 01/08/2015 | Date of Injury: | 09/01/2011 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

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, Arizona
 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:

The injured worker is a 39 year old male who reported injury on 9/1/2011. The mechanism of injury was not described. The current diagnoses are lumbar spine sprain/strain and radiculitis, and left ankle sprain/strain. On 11/20/2014, the injured worker underwent a UA which revealed that the injured worker was compliant with prescriptions. According to the progress report dated 11/20/2014, the injured workers chief complaints were unspecified pain, poor sleep, and frustration. The physical examination of the lumbar spine revealed pain with palpation, left greater than right. Range of motion was limited. There was positive straight leg raise test on the left. The medication list was not specified in the records provided. Medical treatment plan was for the injured worker to continue with medication therapy. Rationale and RFA was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Condrolite #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request for Condrolite #90 is not medically necessary. The Official Disability Guidelines recommend opioid induced constipation treatment when prescribing doctors offer opioids to be appropriate. The guidelines recommend when initiating therapy, prophylactic treatment of constipation should be initiated. Opioid induced constipation is a common adverse effect of long term opioid use because of the binding of opioids to peripheral blood receptors in the GI tract result in absorption of electrolytes such as chloride, with the subsequent reduction in small intestinal fluid. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet rich in fiber. These can reduce the chance and severity of opioid induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over the counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. There was no indication in the submitted documentation of the injured worker having undergone teaching of increased exercise, maintaining appropriate hydration by drinking enough water, or being advised on how to follow a proper diet rich in fiber. Additionally, there was no medication list submitted for review. It is unclear whether the injured worker was on an ongoing opioid treatment. Given the above, medical necessity would not be indicated. As such, the request is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for patients at risk for gastrointestinal events. Guidelines further recommend proton pump inhibitors to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medications who have cardiovascular disease. The submitted documentation did not indicate what type of medication the injured worker was on in regards to NSAID therapy. Additionally, there was no documentation indicating that the injured worker had complaints of dyspepsia, cardiovascular disease, or significant risk factors for GI event. In the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.