

Case Number:	CM15-0008793		
Date Assigned:	01/26/2015	Date of Injury:	02/06/2008
Decision Date:	03/25/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/15/2015

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 56-year-old female who reported an injury on 02/06/2008. On 12/16/2014, she presented for a followup evaluation. She stated that she had undergone a cervical facet rhizotomy on 10/13/2014 and reported at least a 70% relief of her neck pain and decreased severity and intensity of her headaches. It was also stated that she had been able to decrease the amount of Percocet she was taking as well as Norco for breakthrough pain. Her medications included Percocet 10/325 mg 3 to 4 tablets per day, Anaprox DS 550 mg twice a day, Prilosec 20 mg 1 tablet twice a day, and Colace 100 mg 1 tablet twice a day. A physical examination of the cervical spine showed decreased range of motion, tenderness to palpation bilaterally with increased muscle rigidity and numerous trigger points palpable and tender throughout the cervical paraspinal muscles. Deep tendon reflexes were 2/4 and strength was a 5/5 in the upper extremities. Sensation was decreased along the lateral arm and forearm bilaterally. She was diagnosed with post-traumatic cervical dystonia, postconcussive syndrome, cervical myofascial sprain/strain, cervical facet syndrome, reactionary depression and anxiety, episodes of passing out, and medication induced gastritis. The treatment plan was to fill the injured worker's medications with Prilosec 10/325 mg #120, Prilosec 20 mg, Anaprox DS 550 mg, and Colace 100 mg. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted, the injured worker was noted to have received relief due to a procedure she had undergone in 10/2014. However, there is a lack of documentation showing that this medication has provided the injured worker with a quantitative decrease in pain or an objective improvement in function. Also, no official urine drug screens or CURES reports were provided for review to validate compliance with her medication regimen. Also, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Prilosec 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI Risks Page(s): 67-68.

Decision rationale: The California MTUS Guidelines recommend Prilosec for those who have dyspepsia secondary to NSAID use and for those who are at a high risk for gastrointestinal events due to NSAID therapy. Based on the clinical documentation submitted for review, it was stated that the injured worker had a diagnosis of medication induced gastritis. However, there is a lack of documentation indicating whether or not this medication is helpful in treating her diagnosis. Also, the frequency and quantity of the medication being requested was not provided for review. Therefore, the request is not supported. As such, the request is not medically necessary.

Anaprox DS 550 MG: 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): 67-68.

Decision rationale: According to the California MTUS Guidelines, NSAIDs are recommended for the short term symptomatic relief of low back pain, acute low back pain, and osteoarthritis/tendinitis. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the upper back. However, there is a lack of documentation indicating that she has acute low back pain or regarding how long she has been using this medication to support its continuation. Also, the quantity and frequency of the medication being requested was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Colace 100 MG: Upheld

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

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

Decision rationale: According to the Official Disability Guidelines, initial prophylactic treatment of constipation should be lifestyle modifications with diet, exercise, and increased fluids. The documentation provided does not indicate that the injured worker had tried and failed making lifestyle changes to support the request for Colace. Also, there is a lack of evidence showing that she has reported constipation due to medication use to support this request. Also, the quantity and frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.