

Case Number:	CM15-0110275		
Date Assigned:	06/16/2015	Date of Injury:	11/18/2003
Decision Date:	09/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 43 year old female, who sustained an industrial injury on November 18, 2003. The injured worker was diagnosed as having right knee pain, lumbar fusion, radiculopathy, right hip pain and right foot drop. Treatment to date has included magnetic resonance imaging (MRI), multiple surgeries, physical therapy and medications. A progress note dated May 1, 2015 provides the injured worker complains of low back pain radiating to the right hip with weakness and numbness of the left foot. She also reports sleep difficulty, urinary and bowel dysfunction and right hip pain. She reports she has fallen in the past due to leg and spinal weakness. Physical exam notes mostly normal gait and decreased sensation of the right foot. The plan includes x-ray, oxycodone, Miralax, Senokot, omeprazole and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and pelvis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This 43 year old female has complained of right knee, right hip and low back pain since date of injury 11/18/03. She has been treated with surgery, physical therapy and medications. The current request is for X-ray of the right hip. Per the MTUS guidelines cited above, x rays should not be recommended in patients in the absence of red flags for serious pathology. The available medical records do not adequately document any concerning signs or symptoms for serious pathology. On the basis of the available medical records and per the MTUS guidelines cited above, X ray of the right hip is not indicated as medically necessary.

Oxycodone 30mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 43 year old female has complained of right knee, right hip and low back pain since date of injury 11/18/03. She has been treated with surgery, physical therapy and medications to include opioids since at least 07/2013. The current request is for Oxycodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. Because of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone is not indicated as medically necessary.

Miralax 527g jar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/miralax.

Decision rationale: This 43 year old female has complained of right knee, right hip and low back pain since date of injury 11/18/03. She has been treated with surgery, physical therapy and medications. The current request is for Miralax. There is inadequate documentation in the available medical records that constipation has been a significant problem for this patient necessitating the use of Miralax. On the basis of this lack of documentation, Miralax is not indicated as medically necessary.

Senokot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/senokot.

Decision rationale: This 43 year old female has complained of right knee, right hip and low back pain since date of injury 11/18/03. She has been treated with surgery, physical therapy and medications. The current request is for Senokot. There is inadequate documentation in the available medical records that constipation has been a significant problem for this patient necessitating the use of Senokot. On the basis of this lack of documentation, Senokot is not indicated as medically necessary.

Lyrica: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

Decision rationale: This 43 year old female has complained of right knee, right hip and low back pain since date of injury 11/18/03. She has been treated with surgery, physical therapy and medications to include Lyrica since at least 07/2013. The current request is for Lyrica. Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no documentation in the available medical records of any of these conditions nor is there a discussion of the rationale regarding use of this medication. On the basis of the MTUS guideline cited above and the available medical documentation, Lyrica is not indicated as medically necessary in this patient.