

Case Number:	CM15-0047629		
Date Assigned:	04/03/2015	Date of Injury:	01/28/2006
Decision Date:	05/21/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/12/2015

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: North Carolina, Georgia
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 injured worker is a 56-year-old female, who sustained an industrial injury on 1/28/2006. She reported low back pain. The injured worker was diagnosed as having chronic lumbar strain, status post back surgery, failed back with ongoing radiculopathy, stomach complaints, difficulty sleeping, depression, obesity and weight gain. Treatment to date has included medications, urine drug screening, lumbar spine surgery, and electrodiagnostic studies. The request is for a second opinion consultation with a Neurosurgeon, Norco, and Laxacin. On 12/23/2014, she complained of back and right leg pain, feeling depressed, and having difficulty with sleep. The records indicate continued complaints of pain and radiculopathy symptomology despite undergoing spine surgery. The treatment plan included weight loss program, and surgery. The records indicate she has been utilizing Norco and Laxacin since at least September 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Opinion Consult with Neurosurgeon (evaluation lumbar fusion): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Online Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: ACOEM addresses the need for specialty consultation. Reasons for such consultation include presence of any red flag findings, failure to respond as expected to a course of conservative management or consideration of surgical intervention. The medical records in this case describe that a second opinion consult has already been undertaken. That consultant recommended weight loss the reconsideration if symptoms persisted. There is no indication for an additional re-evaluation until the initial conservative plan has been carried out. There is no medical necessity for second opinion neurosurgical consultation.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case documents weaning of the Norco with current usage at 1-2 pills per day/ the original UR decision approved #90 Norco to better match the actual usage of the prescribed medication. The medical record does not document necessity of Norco 10/325 #120 and the original UR decision is upheld.

Laxacin 50/8.6mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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 treatment.

Decision rationale: CA MTUS guidelines do not address the use of stool softeners. ODG describes the need to counsel about the possibility of constipation with opioid treatment. First line treatment includes ensuring adequate hydration, physical activity and fiber rich diet. If this fails to control constipation, second line pharmacologic therapies may be considered. In this case, there is no documentation of any opioid related constipation and no discussion of any trial of first line therapy. Use of Laxacin is not medically indicated under these circumstances.