MAXIMUS Federal Services

Case Number:	CM15-0060530		
Date Assigned:	04/06/2015	Date of Injury:	01/23/1997
Decision Date:	06/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/30/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female, who sustained an industrial injury on January 23, 1997. The mechanism of injury involved heavy lifting. The injured worker was diagnosed as having chronic lower back pain due to symptomatic L4-S1 disc herniation leading to left L5-S1 radiculitis, status post epidural steroid injection; and greater trochanteric bursitis. Treatment to date has included MRI, home exercise program, activity modifications, epidural steroid injections, and medications including anti-epilepsy, stool softener, laxative, pain, and sleep. On July 10, 2014, the injured worker complains of chronic lower back pain radiating to the left lower extremity, with numbness and tingling in the left lower leg and foot. She complains of lateral left hip pain and difficulty walking, which is her main complaint at this time. The physical exam revealed an antalgic gait favoring the left lower extremity, a positive bilateral straight leg raise testing, tenderness at the left greater trochanter and along the iliotibial band, and a positive Ober's test. There was normal strength and normal deep tendon reflexes in the bilateral lower extremities. The lumbar spine exam was not performed due her having undergone epidural steroid injection on the same day as this visit. There was decreased sensation in the left L5-S1 distribution. The treatment plan includes a left hip steroid injection being administered during this visit, a new MRI of the lumbar spine, home exercise program, and activity modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 180 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication since at least 04/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Colace 250mg quantity 60 with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain-Opioid induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid induced constipation treatment.

Decision rationale: The California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines recommend first line treatment, to include increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. There was no documentation of a failure to respond to first line treatment. In addition, the injured worker has continuously utilized the above medication since 04/2014. There is no mention of functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Restoril 15mg quantity 30 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines, because long term efficacy is unproven and there is a risk of dependence. In this case, the injured worker has utilized the above medication since 04/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. The

guidelines would not support Restoril 15 mg, with 3 additional refills, as benzodiazepines are not recommended for long term use. Given the above, the request is not medically necessary.

Gralise 600mg quantity 30 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anitepilepsy Drugs Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state gabapentin has been shown to be effective for neuropathic pain. However, the injured worker has continuously utilized the above medications for an unknown duration. There is no mention of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically necessary.