

Case Number:	CM15-0065148		
Date Assigned:	04/13/2015	Date of Injury:	01/14/2011
Decision Date:	05/20/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/06/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old woman sustained an industrial injury on 1/14/2011. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 3/17/2011, lumbar spine MRIs dated 3/17/2011 and 6/5/2014, cervical spine x-rays dated 7/19/2012, 5/3/2013 and 8/14/2013. Diagnoses include cervical spondylosis with cord compression, lumbar spinal stenosis with bilateral lumbar radiculopathy, lumbar spondylosis, and lumbosacral advanced disc degeneration. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 11/11/2014 show complaints of a "pinching" pain in her left leg and numbness. Recommendations include external bone growth stimulator, lumbar spine x-rays, Norco, magnesium citrate, walk as much as possible, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-79, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been treated with opioid pain medications and she currently complains of constant pain graded as moderate to severe with profound limitations. The medical reports indicate that pharmaceuticals are helping and being used on a regular basis. Benefits from the use of opioid pain medication are not specifically addressed. There is no indication that the use of opioid pain medications is providing a continued benefit with objective functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #90 is determined to not be medically necessary.

Magnesium citrate, lemon solution #2960: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Criteria for Use Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioid-Induced Constipation Treatment and Other Medical Treatment Guidelines <http://www.drugs.com/mtm/magnesium-citrate.html>.

Decision rationale: The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is noted be treated with opioid medications, and occasionally reports problems with constipation. MTUS and ODG do not address the use of Magnesium Citrate specifically; therefore alternative guidelines have been consulted. Per manufacturer's information, Magnesium is a naturally occurring mineral that is important for many systems in the body, especially the muscles and nerves. Magnesium citrate also increases water in the intestines. Magnesium Citrate is used as a laxative to treat occasional constipation. The medical reports do indicate that the injured worker is experiencing constipation. The request for Magnesium citrate, lemon solution #2960 is determined to be medically necessary.