MAXIMUS Federal Services

Case Number:	CM14-0142266		
Date Assigned:	09/10/2014	Date of Injury:	03/23/2000
Decision Date:	10/06/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 56 yr. old female claimant who sustained a work injury on 3/23/2000 involving the neck and back. She had the following diagnoses: cervical radiculopathy- status post-laminectomy, lumbar radiculopathy - status post-laminectomy, lumbar spine fusion, gastric bypass, Vitamin D deficiency, depressions and anxiety. A progress note on 8/5/14 indicated the claimant had 3/10 pain while on medications and 5/10 without. Exam finding were notable for lumbar spasms with limited range of motion and a positive straight leg raise test on the right. The claimant had previously been on a TENS unit and a request was made for replacement pads. The claimant had been continued on a reduced dose of Oxycodone 7.5 mg for pain. Colace was given for a stool softener. Vitamin D was supplemented due to a level less than 30 ng/ml. Flexeril was provided for spasms. The claimant had been on the above medications for over 5 months. Prior exam notes indicated similar exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit Replacement Pads X2 and Batteries: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. In addition, the length of prior use was not specified. The request for a TENS unit pads is not medically necessary.

Colace 100mg Three Times a Day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months. As noted below, the continuation of opioids is not necessary. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. The request for Colace is not medically necessary.

Vitamin D 2000 Units 2 Tabs Two Times a Day #200: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines for Vitamin D

Decision rationale: According to the guidelines referenced above, Vitamin D deficiency requires treatment daily or weekly in the face of levels below 30. Although supplementation is safe, high doses of Vitamin D can risk hypercalcemia. The claimant had been on high dose (>25,000 IU/wk) of Vitamin D. There was no Vitamin D level documented from a lab draw since the 6 months of clinical noted provided. The request for Vitamin D is not medically necessary.

Cyclobenzaprine 7.5mg at Bedtime #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period without improvement in spasms. The request for Cyclobenzaprine is not medically necessary.

Percocet 7.5-325mg At Bedtime #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for over 6 months without significant improvement in function. The request for Percocet is not medically necessary.