

<b>Case Number:</b>	CM13-0018622		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/20/2004
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 physician 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:

The patient is a 63-year-old male who reported a work-related injury on 03/20/2004. The clinical note dated 07/30/2013 reports the patient was seen under the care of primary treating physician [REDACTED]. The provider documents the patient presents for persistent low back pain complaints. The provider documents the patient reports continued radiating symptoms down the left lower extremity. The provider documented, however, Lyrica helps significantly with these complaints. The provider documents the patient has decreased Norco to 3 a day. The patient is walking for exercise. The provider documents the patient is doing well; however, he has lost about 30 pounds. The provider documented the patient's medication regimen includes Fentanyl patch 25 mcg every 3 days, Norco 10/325 mg 3 times a day, Lyrica 150 mg by mouth 3 times a day, Valium 10 mg 1 by mouth daily, Colace 100 mg 3 to 4 a day. The provider documented the patient had a prior history of a lumbar discectomy, laminectomy and fusion at L4-5 and L5-S1 as of 03/2004. The patient had postsurgical complications with an infection with bacterial scours and subsequent meningitis. In addition, the patient treats for other following diagnoses, failed back syndrome, depression, anxiety, spinal cord stimulation implant 2007, CT myelogram 09/10/2010, hepatitis C. The provider documented the patient was administered a 2 month supply of Norco #180, 20 Fentanyl patches and 160 Colace. The provider requested a CT myelogram of the patient's lumbar spine to evaluate the patient's fusion and make sure no other significant pathology such as stenosis is evidenced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A CT myelogram of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter

**Decision rationale:** The current request is not supported. The clinical notes failed to evidence the patient presenting with any significant objective findings of symptomatology per [REDACTED] physical exam noted on 07/30/2013. The patient reported difficulty with urinating and bowel movements; however, the provider documented this could be due to the patient's lumbar spine symptomatology or the patient's treatment for hepatitis C. The clinical notes did not indicate when the patient last underwent imaging of the lumbar spine. However, the clinical note did document a CT myelogram dated 09/10/2010 was performed which revealed severe foraminal stenosis at L3-4 and L5-S1 as well as moderate central canal stenosis at L2-3 and a grade II anterolisthesis noted at L5-S1 with fusions at L4-5 and L5-S1. Evaluation of the patient's lumbar spine could have been rendered with lower level imaging studies such as MRI, CT or x-ray, the clinical notes failed to evidence when these imaging studies were last utilized to evaluate the patient's lumbar spine pathology. Given the lack of significant objective findings of symptomatology, the current request is not supported. California MTUS/ACOEM do not specifically address the requested imaging study; however, Official Disability Guidelines indicate CT myelogram is supported when there is poor correlation of physical findings with MRI studies. Given the lack again of significant objective findings of symptomatology upon physical exam of the patient, the request for the 7/30/13 request for a CT myelogram of the lumbar spine is not medically necessary or appropriate.

**prescription for Colace 100mg #160:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Management of constipation" published by the University of Iowa Gerontological Nursing Interventions Research Center

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review documents the patient has chronically utilized opioids for his pain complaints, Norco 10/325. California MTUS does support prophylactic use of medication to prevent constipation. However, the documentation submitted reported the patient utilizes Colace 100 mg 3 to 4 times a day, the patient's reports of efficacy with this medication regimen as far as his constipation complaints were not noted in the clinical documents reviewed. Additionally, 160 tablets appears excessive in nature without documentation of efficacy of the medication. Given all of the above,

the request for 7/30/13 prescription for Colace 100 mg #160 is not medically necessary or appropriate.