

Case Number:	CM13-0036170		
Date Assigned:	12/13/2013	Date of Injury:	07/30/2003
Decision Date:	02/20/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine and is licensed to practice in Maryland. 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 employee is a 46 year old male who was injured on July 30, 2003. The mechanism of injury was falling from a roof and landing on his back. He sustained a C6-7 fracture and dislocation with an incomplete quadriplegia. On August 13, 2003, the patient underwent a C5-T2 cervical fusion. His evaluation included electromyography that showed possible L5 radiculopathy on the left and normal MRI of spine. His initial treatment also included injections, (sacroiliac, Botox, medial branch, epidural steroid injections and sympathetic blocks), medication management, physical and psychiatric therapy. His symptoms included low back pain, sexual dysfunction, hip pain, neck pain, neuropathic pain in right upper extremity and constipation. On examination, there was stiffness and spasms noted in the cervical paraspinal and lumbar paraspinal muscles, as well as spasticity noted in the right upper extremity with flexion contractures in the right upper extremity. His diagnoses included anterior spinal artery compression syndrome, low back pain, neck pain, quadriplegia C5-7 incomplete, depression, insomnia, constipation, impotence, urgency with urination and hesitancy, cervical headaches, mild obstructive sleep apnea and complex regional pain syndrome. Pertinent medications included Tamsulosin 0.4mg, Senna/docusate 8.6/50mg, Ennermeez mini rectal enema 283mg, Glycerin suppository 3gm, Methadone 5mg, Lunesta 2mg, Lexapro 10mg, Lactulose 10gm, omeprazole 20mg, topiramate 50mg, gabapentin 100mg, cyclobenzaprine 10mg, hydrocodone/APAP 5/500mg. Request was made for continuation of Glycerin suppository.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glycerin suppository tablet #30 (3 refills): 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 Page(s): 77.

Decision rationale: The employee had pain in multiple areas and was being treated with Methadone and Hydrocodone. Record review also showed evidence of treatment with stool softeners. Given his chronic opioid use as well as incomplete quadriplegia, his risk for constipation is high. The MTUS Chronic Pain Treatment guidelines recommend that prophylactic treatment of constipation is indicated in those individuals who are taking opioids chronically. The reviewed records indicate that the employee was having ongoing pain in multiple body areas and was having ongoing constipation despite being treated with prophylactic stool softeners. Therefore, the requested Glycerin suppository tablets are medically necessary and appropriate.