

Case Number:	CM13-0043436		
Date Assigned:	12/27/2013	Date of Injury:	09/24/2001
Decision Date:	02/28/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/24/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 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 60-year-old female sales/credit representative who sustained an injury to her wrists, elbows and cervical spine due to excessive typing on the computer. The patient was diagnosed with post laminectomy cervical syndrome, cervical degenerative disc disease, and adhesive capsulitis of the shoulder, carpal tunnel syndrome, and lateral epicondylitis. On 4/26/2013 the patient underwent right sides anterior cervical re-exploration for explanation of C5-C6 anterior fixation plate; combined C4-C5 and C6-C7 anterior cervical discectomy and artificial disk replacement. The patient has not yet received permanent and stationary status. The patient was seen recently due to irritable bowel syndrome and chronic constipation, which is medication related. The patient has been prescribed 8 physical therapy treatments which she felt to be helpful, however still has significant pain. The patient continues to experience migraines and has recently been diagnosed with having large external hemorrhoids. She complains of intermittent constipation and diarrhea also pain in the neck, bilateral shoulders and elbow. The patient states that the pain spreads to both upper extremities diffusely and includes her entire head; sleep is frequently interrupted with pain or numbness. In the most recent medical report which is hand written medical report (illegible), a diagnosis of Opioid induced Severe episodes of constipation-induced thrombosed hemorrhoids were made and 1 month supply of Proctofoam, which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply of Proctofoam- HC Aerosol: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Current Clinical Medicine; The Principles and Practice of Medicine 22nd Ed.; Current Medical Diagnosis and Treatment, 51st Ed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid-induced constipation treatment and Other Medical Treatment Guideline or Medical Evidence: WEBMD.

Decision rationale: With respect to the request for 1 month supply of Proctofoam- HC Aerosol, the guidelines did not specifically recommend this medication, but did indicate that if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. The guideline further stated that about 20% of patients on opioids develop constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. Also part of the complications of chronic constipation is development of hemorrhoids and anal tear or fissures, and Proctofoam-HC Aerosol is recommended for management of this condition. In the most recent medical report which is hand written medical report (illegible), a diagnosis of Opioid induced severe episodes of constipation-induced thrombosed hemorrhoids. Therefore the request for 1 month supply of Proctofoam-HC Aerosol is medically necessary.