

Case Number:	CM13-0045551		
Date Assigned:	04/28/2014	Date of Injury:	04/08/2009
Decision Date:	07/29/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/23/2013

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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine, and is licensed to practice in Pennsylvania. 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:

The injured worker is a 55-year-old gentleman with a date of injury of 04/08/2009. A urology consultation report by [REDACTED] dated 04/29/2013 identified the mechanism of injury as lifting a heavy piece of equipment when it started to fall, causing the worker immediate lower back pain that went into his legs as he tried to control the equipment. An orthopedics office visit note by [REDACTED] dated 05/21/2013 and a neurosurgery office visit note by [REDACTED] dated 06/13/2013 described the worker was experiencing lower back pain, difficulty with voiding, and constipation. Documented examinations showed painful movement of the lower back and tenderness in the lower and upper left abdomen. These notes concluded the worker was suffering from lower spine radiculopathy after a spine surgery on 02/14/2013, degenerative disc disease in the lower spine, urinary and bowel complications, anxiety, and depression. Current treatments included two different combination opioid and acetaminophen medications. A urology consultation report by [REDACTED] dated 04/29/2013 described the worker was experiencing temporary episodes of having difficulty starting a urine stream and decreased force and size of the stream that was worse after the worker's spine surgery on 02/14/2013. This report indicated the worker initially denied having any bowel irregularities. Examination was normal except for a moderately enlarged prostate. The initial consultation report concluded the worker was suffering from neurologic factors due to injury of the spine affecting nerves or to obstruction of the urinary tract as can occur after trauma during catheterization for surgery. However, there were no supporting reports or findings in the submitted and reviewed documentation suggesting either had occurred. The initial consultation report recommended additional studies be performed to confirm the diagnosis. [REDACTED] subsequent follow up noted dated 07/08/2013 concluded the symptoms were aggravated especially by the worker's significant constipation. [REDACTED] gastroenterology consultation report dated

06/12/2013 described the worker was experiencing significant constipation, bloating, and abdominal pain without relief from over-the-counter stimulant laxatives. The worker had also reported mild rectal bleeding but related this was due to hemorrhoids. The documented examination was recorded to be normal, although a rectal examination was not documented. [REDACTED] report concluded the worker was suffering from slow transit constipation and symptoms of gastroesophageal reflux disease, both likely caused by opioid medications interfering with the normal movements of the bowel. The report also suggested that the rectal bleeding could be due to problems with the anorectal area, such as hemorrhoids, but colon cancer could not be ruled out. Recommended treatment included diet adjustment, limiting opioid use, increasing fiber in the diet, and avoiding specific types of laxatives in favor of others. A Utilization Review decision by [REDACTED] was rendered on 10/08/2013 recommending non-certification for a gastroenterology consultation for colonoscopy and a urologist consultation. A hospital discharge summary report by [REDACTED] dated 02/18/2013 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI CONSULT FOR COLONOSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational & Environmental Medicine (ACOEM), Independent Medical Examinations & Consultations on Referrals, Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Wald A, et al. Etiology and Evaluation of chronic constipation in adults. Topic 2637, version 14.0. UpToDate, accessed 07/24/2014.

Decision rationale: The MTUS Guidelines are silent as to the issue of gastroenterology consultation for colonoscopy. Constipation can be caused by many factors, including commonly used medications. [REDACTED] gastroenterology consultation report dated 06/12/2013 concluded the worker's slow transit constipation and symptoms of gastroesophageal reflux disease were both likely caused by opioid medications interfering with the normal movements of the bowel. The report also suggested that the rectal bleeding could be due to problems with the anorectal area, such as hemorrhoids, which often occur with constipation, but colon cancer could not be ruled out. A colonoscopy can help detect the presence of colon cancer. However, there was no documentation of a rectal examination, examination of the stool for blood, or any additional findings or symptoms suggesting colon cancer was a factor. [REDACTED] recommendation to limit opioid use did not appear to have been followed in subsequent documentation. [REDACTED] urology consultation report dated 04/29/2013 and note dated 07/08/2013 described the worker as experiencing significant urinary symptoms. This note dated 07/08/2013 reported these symptoms were aggravated especially by the worker's constipation. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes, side effects, and complications over time should affect treatment decisions. Weaning off the medication should

be considered if the pain does not improve with opioid therapy within three months. The submitted and reviewed documentation did not document full assessments of the worker's function, pain control, or quality of life with the use of opioid medications. Rather, these records indicated the worker was likely experiencing significant side effects from them. The submitted and reviewed documentation did not describe the effect weaning the opioid medications had on the worker's symptoms. For these reasons, the current request for gastroenterology consultation for colonoscopy is not medically necessary.

UROLOGIST CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational & Environmental Medicine (ACOEM), Independent Medical Examinations & Consultations on Referrals, Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95 , 124. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: McVary KT, et al. Lower urinary tract symptoms in men. Topic 6879, version 23.0. UpToDate, accessed 07/24/2014.

Decision rationale: The MTUS Guidelines are silent as to the issue of urologist consultation in the setting of problems with voiding. Common causes of men experiencing episodes of difficulty voiding include constipation and an enlarged prostate. A urologic consultation by [REDACTED] dated 04/29/2013 suggested the worker's episodic symptoms of difficulty starting a urine stream and the decreased force and size of the stream were likely caused by neurologic factors due to injury to the spine affecting sacral nerve roots or to obstruction of the urinary tract as can occur after trauma during catheterization for surgery. However, there were no supporting reports or findings in the submitted and reviewed documentation suggesting either had occurred. Rather, the examination documented in this report described the prostate as being moderately enlarged. [REDACTED] subsequent visit note dated 07/08/2013 concluded the symptoms were aggravated especially by the worker's significant constipation. Of note, the prior consultation report indicated the worker had initially denied any bowel irregularity, although the remainder of the reviewed records reported the worker was experiencing worsened constipation after his lumbar spine surgery on 02/14/2013. [REDACTED] gastroenterology consultation report dated 06/12/2013 concluded the worker's constipation was likely caused by opioid medications interfering with the normal movements of the bowel. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function. Monitoring of outcomes, side effects, and complications over time should affect treatment decisions. The MTUS Guidelines encourage the consideration of weaning off the medication if the pain does not improve with opioid therapy within three months. The submitted and reviewed documentation did not document thorough assessments of the worker's function, pain control, or quality of life with the use of opioid medications. Rather, these records indicated the worker was likely experiencing significant side effects from them. The submitted and reviewed documentation did not describe the effect weaning the opioid medications had on the worker's symptoms. For these reasons, the current request for urologist consultation is not medically necessary.

