

Case Number:	CM13-0051757		
Date Assigned:	12/27/2013	Date of Injury:	03/14/2012
Decision Date:	03/10/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	11/14/2013

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 Family Practice 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 42-year-old female who reported an injury on March 14, 2012. The patient is currently diagnosed with abdominal pain, constipation/diarrhea; rule out irritable bowel syndrome, gastropathy, weight gain, cephalgia, obstructive sleep apnea, hyperlipidemia, hypertension, and psychiatric diagnosis. The patient was recently seen by [REDACTED] on November 20, 2013. The patient reported improving abdominal pain, gastropathy, and constipation. The patient reported worsening headaches and uncontrolled hypertension. Physical examination revealed 2+ tenderness to palpation over the epigastric region and 1+ tenderness to palpation over the left upper quadrant with guarding. Treatment recommendations included continuation of current medications including Colace, Miralax, simvastatin, lisinopril, tramadol, and topical cream, as well as a urine toxicology screen and lab testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation , Official Disability Guidelines and the National Guideline Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Opioids Page(s): 43,77,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the documentation submitted, the patient's injury was over a year ago to date and there is no indication of noncompliance or misuse of medication. There is also no evidence that this patient falls under a high-risk category that would require frequent monitoring. Therefore, ongoing urine toxicology screening cannot be determined as medically appropriate. As such, the request is non-certified.

one (1) prescription of Colace 250mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct 51 p. [44 references]

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain chapter, Opioid Induced Constipation

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when initiating opioid therapy. The Official Disability Guidelines state opioid induced constipation treatment is recommended under specific indications. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, it was noted on August 16, 2013, that the patient reported worsening constipation. The patient also reported intermittent abdominal pain on a follow-up visit with [REDACTED] on October 10, 2013. The patient also utilizes Miralax (17grams) on a daily basis. The patient's latest physical examination continues to reveal palpable tenderness over the epigastric region and left upper quadrant with guarding. Satisfactory response to treatment has not been indicated. The medical necessity for continued use of Colace has not been established. Additionally, there was no evidence of a failure to respond to first line treatment. Based on the clinical information received, the request is non-certified.