

Case Number:	CM13-0057759		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2008
Decision Date:	08/07/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and chronic low back pain reportedly associated with an industrial injury of April 20, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; and laxatives. In a Utilization Review Report dated October 21, 2013, the claims administrator conditionally denied a request for Citrucel, conditionally denied a request for Colace, conditionally denied a request for MiraLax, conditionally denied a request for iron supplementation, conditionally denied a request for Lovaza, and conditionally denied a request for Crestor. The claims administrator stated that the applicant and/or the attending provider did not furnish enough information to support the request. The claims administrator stated that some of the denials represented administrative actions needed to comply with regulatory timeframe constraints and did not represent denials based on medical necessity. The claims administrator then stated in some sections of the report that the attending provider should furnish information as to what lifestyle modification the applicant had previously made to ameliorate issues of constipation. In a progress note dated September 19, 2013, the applicant presented with persistent complaints of low back pain, abdominal cramping, fatigue, and constipation. The applicant's hypertension was reportedly controlled with medication. The applicant's blood pressure was 121/71, it was stated. Citrucel, Colace, MiraLax, iron supplementation, Lovaza, Crestor, and Sentra were sought. The applicant was asked to consult a psychiatrist owing to issues with anxiety and depression. The applicant did have elevated cholesterol and triglyceride levels of 257 and 256. It was stated that Citrucel, Colace, MiraLax, and iron supplements represented renewal requests while Lovaza, Crestor, and Sentra represented first-time requests. The applicant's hemoglobin, hematocrit, and iron levels, however, were not provided, it is

incidentally noted. On August 19, 2013, the applicant was placed off of work, on total temporary disability. Physical therapy was sought. The applicant's medication list was not furnished on this occasion, although the applicant did present complaining of shoulder, neck, and low back pain. On January 15, 2013, the applicant was described as using an opioid, hydrocodone. The applicant was reportedly using Colace and MiraLax to combat opioid-induced constipation at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citrucel #120 with 2 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 page 77, Initiating Therapy section. Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioids. In this case, the applicant is, in fact, using hydrocodone, an opioid, and apparently has longstanding issues with opioid-induced constipation. Provision and/or ongoing usage of Citrucel is therefore indicated to combat the same. Therefore, the request is medically necessary.

Colace #60 with 2 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 page 77, Initiating Therapy section. Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioids. In this case, the applicant has developed opioid-induced constipation, reportedly a function of ongoing hydrocodone usage. Ongoing usage of Colace, a stool softener/laxative, to combat the same is indicated, appropriate, and supported by page 77 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.

Miralax, 1 bottle: 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 page 77, Initiating Therapy section. Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants in whom opioid therapy has been initiated. In this case, the applicant has longstanding issues with opioid-induced constipation. Introduction and/or ongoing usage of MiraLax, a laxative, to combat the same is indicated. Therefore, the request is medically necessary.

Iron supplement #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamin section.

Decision rationale: The MTUS does not address the topic of iron supplementation. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, vitamins or supplements such as iron are not recommended in the treatment of chronic pain in the absence of documented nutritional deficiencies. In this case, however, no rationale for ongoing usage of iron was furnished by the attending provider. It was not clearly stated why iron was being employed here. There was no mention of any iron deficiency, anemia, or other concern for which provision of iron supplements would be indicated. Therefore, the request is not medically necessary.

Lovaza, 1 month supply: Upheld

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. MTUS pages 7-8 Page(s): 7-8. Decision based on Non-MTUS Citation . Food and Drug Administration (FDA), Lovaza Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Lovaza usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines state that an attending provider using a drug for non-FDA-approved purposes has a responsibility to be well informed regarding the usage of the same and should, furthermore, furnish some medical evidence to support such usage. In this case, however, the Food and Drug Administration (FDA) notes that Lovaza is indicated as an adjunct to diet to reduce triglyceride levels in applicants with a very high (greater than 500 mg) triglyceride levels. In this case, however, the applicant's triglyceride levels are in the 250 range, the attending provider has reported. The applicant does not have very high triglyceridemia for which introduction of Lovaza would be indicated. Lovaza was introduced for the first time on September 19, 2013 at which point the applicant's triglyceride levels were 256. This was not an appropriate introduction, per the FDA. The attending provider has not furnished any compelling information to support usage of Lovaza for non-FDA-approved purposes. Therefore, the request was not medically necessary.

Crestor #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Crestor Medication Guide.

Decision rationale: As noted by the Food and Drug Administration (FDA), Crestor is indicated in the treatment of primary hyperlipidemia, mixed hyperlipidemia, and/or hypertriglyceridemia. In this case, all of the above issues are present here. The applicant has elevated triglyceride levels. The applicant has elevated total cholesterol levels. Ongoing usage of Crestor is, therefore, indicated. Accordingly, the request is medically necessary.