

Case Number:	CM14-0000606		
Date Assigned:	01/10/2014	Date of Injury:	12/10/2005
Decision Date:	05/21/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine & Rehabilitation, 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 41 year old male who was injured on 12/10/2005 while patient lifted a keg. He experienced a popping, clicking sensation to his lower back. Twenty minutes later he experienced numbness to the left leg. Prior treatment history has included the following medications: Suboxone 2 mg, and Senokot. He also has home exercises. Diagnostic studies reviewed include urine drug screen which was consistent with medication use and negative for alcohol or illicit substances. Progress note dated 10/30/2013 documented the patient to have complaints of low back pain. He is still taking Suboxone 2 mg, 2 at a time every 6 hours for pain. The regimen remains very effective in reducing his low back pain to a tolerable level. Overall he feels that his pain is well controlled with the regimen of Suboxone. He has been unable to continue to work fulltime. He continues home exercises and pool exercises at the gym. He rates his pain at 8/10 on a VAS (visual analog) scale, which is higher than normal. His flare up of back and left leg pain reported at last visit resolved with the use of Zipsor samples. He denies any excessive sedation, nausea or vomiting associated with medication. Constipation controlled with Senokot. Objective findings on exam revealed that he had a normal gait. There was moderate tenderness over the lumbar paraspinals. Reduced pinprick sensation of the left lower extremity. Sitting straight leg raise is positive on the left leg. Deep tendon reflexes are 2+ bilaterally. No atrophy or edema of the extremities. Diagnoses: 1. Chronic low back pain, status post left sided L5-S1 hemilaminotomy and microdiscectomy; and 2. Left L5 lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) QUALITATIVE DRUG SCREEN BETWEEN 10/30/2013 AND 10/30/2013:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, URINE DRUG TESTING (UDT)

Decision rationale: According to the ODG, UDT is recommended if a patient has evidence of a "High risk" of addiction, if the patient has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma; ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts, and frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. The medical records document the employee has chronic back pain that is treated with medication, and that the employee had two drug screening tests in 2013, first test was dated 2/19/2013, second test dated 4/18/2013. Both were consistent with medication use and negative for alcohol or illicit substances, the records documented that the employee was compliant with the medication regimen and did not exhibit any drug seeking behavior. As the employee is considered "low risk" of addiction/ aberrant behavior, the medical necessity of qualitative drug screen is not established.

ONE (1) PRESCRIPTION OF SENOKOT-S BETWEEN 10/30/2013 AND 2/17/2014:

Overtaken

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation STANDARDS PRACTICE TASK FORCE OF THE AMERICAN SOCIETY OF COLON AND RECTAL SURGEONS: PRACTICE PARAMETERS FOR THE EVALUATION AND MANAGEMENT OF CONSTIPATION. DIS COLON RECTUM, 2007 DEC; 50(12):2013-22

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, OPIOID-INDUCED CONSTIPATION TREATMENT

Decision rationale: The ODG Pain Chapter states that Opioid-induced constipation treatment is recommended. This employee has constipation and is on Suboxone, which is an opioid agonist. Therefore, the medical necessity of Senokot-S is established.