

Case Number:	CM14-0157533		
Date Assigned:	09/30/2014	Date of Injury:	10/21/2007
Decision Date:	10/30/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

This case involves a 47 year old man who sustained a work related injury on October 21 2007. Subsequently, he developed a chronic neck pain. According to a progress report dated on August 21 2014, the patient was complaining of neck pain with a severity rated 5/10. His physical examination demonstrated neck pain with positive Spurling test, and lumbar tenderness with reduced range of motion. MRI of the C spine and lumbar spine performed on 2010 demonstrated degenerative disc disease. The patient was reported to have erectile dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duc- Sodium 250mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria use for).

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.
(<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>)

Decision rationale: According to Official Disability Guidelines (ODG) Duc- Sodium is recommended as a second line treatment for opioid induced constipation. The first line measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the patient developed constipation or that first line measurements were used. Therefore, the use of Duc- Sodium 250mg is not medically necessary.