

<b>Case Number:</b>	CM14-0038977		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/27/2002
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Pain Medicine, and is licensed to practice in Florida. 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:

A 12/2/13 surgery report indicates re-exploration of L4-S1 left-sided hemilaminectomy. A 1/27/14 progress note indicates pain in the back, with Duragesic and Percocet for ongoing pain management. The injured worker's pain is slightly improved since surgery. The examination notes that the injured worker could stand on heels and toes but needed to hold on for balance. On 2/10/14, it is noted that dorsiflexion and plantar flexion in the left leg are 4/5. A 3/7/14 progress note indicates weakness and numbness of the left leg, as well as drop foot. The examination noted strength at 2/5 and numbness in the posterolateral leg. The injured worker's pain is being controlled with morphine, but he is noting constipation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, opioid-induced constipation treatment.

**Decision rationale:** The Official Disability Guidelines support the use of medication such as Colace for opioid-induced constipation. The medical records indicate this injured worker has opioid-induced constipation in relation to morphine use. Therefore, this treatment request is medically necessary and appropriate.

**NCV Study - Left Lower Extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, NCV.

**Decision rationale:** The medical records report new, progressive, neurologic findings of weakness and numbness following the surgery. For these findings, NCV testing is supported to determine peripheral versus root related pathology and to guide prognosis and etiology determination. Therefore, this request is medically necessary and appropriate.

**Electromyography (EMG) - Left Lower Extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMG.

**Decision rationale:** The medical records report new, progressive, neurologic findings of weakness and numbness following the surgery. For these findings, EMG is supported to determine peripheral versus root related pathology and to guide prognosis and etiology determination. Therefore, this request is medically necessary and appropriate.