

Case Number:	CM14-0045525		
Date Assigned:	06/27/2014	Date of Injury:	01/19/2006
Decision Date:	08/28/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 neck pain reportedly associated with an industrial injury of January 19, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; and opioid therapy. In a March 27, 2014 Utilization Review Report, the claims administrator approved a request for Neurontin, denied a request for bisacodyl (Dulcolax), a laxative, and denied a request for OxyContin, an opioid agent. In a March 6, 2014 progress note, the applicant was described as reporting heightened complaints of pain, 10/10, severe, stabbing, burning, stinging, and throbbing. The applicant was having difficulty with any activities, including bending, carrying, exercise, moving, and sitting. The applicant stated that medications were generating anywhere from 20% to 40% relief. Somewhat incongruously, then, the attending provider wrote that the applicant was having difficulty performing a number of activities of daily living, including dressing, grooming, shopping, bathing, cleaning, and cooking. The applicant was using Glyburide, OxyContin, Terocin, Oxycodone, Dulcolax, Colace, Flexeril, Neurontin, Viagra, and Metformin, it was stated. Multiple medications were refilled. Urine drug testing was ordered. The applicant was placed off of work and described as medically disabled. A lumbar support was ordered, as was the lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bisacodyl 5mg, QTY: 60: 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 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 a variety of opioids, including OxyContin and oxycodone. Concomitant provision of a laxative, bisacodyl, to ameliorate potential symptoms of constipation is indicated, appropriate, and endorsed on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.

Oxycontin 80mg, QTY: 90: 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 When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, however, none of the aforementioned criteria have been met. The applicant is off of work, on total temporary disability. The applicant is having difficulty performing even basic activities of daily living, including sitting, dressing, grooming, shopping, cleaning, etc. The applicant continues to report severe pain complaints, despite ongoing usage of OxyContin. Continuing the same, on balance, is not indicated. Therefore, the request is not medically necessary.