

Case Number:	CM14-0048591		
Date Assigned:	06/25/2014	Date of Injury:	07/05/2006
Decision Date:	10/07/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	03/28/2014

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 Internal 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 injured worker is a 41 year old woman who reportedly suffered an industrial injury on 7/5/2006. She was seen by the primary treating physician on 8/20/2014. Her diagnoses listed were cervical stenosis, status post Lumbar Discectomy with Fusion and residual retrolisthesis, stress, sleep complaints, sexual complaints, sternoclavicular joint pain due to positioning during lumbar surgery, abdominal hernia and gastrointestinal (GI) upset. Review of systems was positive for heartburn, frequency, joint pains, muscle spasms, sore muscles, depression, stress, headaches and dizziness. On examination, she had paraspinal muscle spasm and tenderness around the lumbar spine, limited range of motion of the cervical spine and sensation diminution in the C2 through C5 dermatomes on the right. The plan of care was to proceed with neurological consultation prior to possible surgery and follow up in 4-6 weeks. The patient was also seen on 7/8/2014 by the primary treating provider and findings as well as review of systems was the same as previously indicated. She was recommended Prilosec, Neurontin, Colace and Ultram and the recommendation was to continue physical therapy at home as well as follow up with psychologist pertaining her anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100 mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section - Pain, Opioid Induced Constipation Treatment

Decision rationale: The provider has not indicated in his treatment record the rationale and reason for using Colace. Colace is used typically for constipation although it is not very effective. In addition, the applicable guidelines recommend using over the counter measures and non pharmacological measures for constipation as first line therapy. These include increasing water and fluid intake, over the counter fiber supplements and increased physical exercise. As the provider has not documented failure of primary and first line therapies for constipation and has not stated that the patient has ongoing constipation, the request is not recommended and considered not medically necessary.

Internal Medicine Consultation: 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 Official Disability Guidelines (ODG) Office visits

Decision rationale: The reason and rationale for Internal Medicine consultation is not provided in the records reviewed. Therefore, the request is not recommended. An RFA for an Internal Medicine Consultation could not be found. An RFA for a Neurology consultation was available but the question to the reviewer is for Internal Medicine consultation. Further, the patient was evaluated by a Family practitioner and due to overlapping responsibilities and training of a Family practitioner and Internal Medicine physician, the request for Internal Medicine consultation is not considered medically necessary.