

Case Number:	CM14-0081409		
Date Assigned:	07/18/2014	Date of Injury:	02/02/2010
Decision Date:	09/18/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

49y/o male injured worker with date of injury 2/02/10 with related back pain and bilateral elbow pain. Per progress report dated 5/5/14, he reported ongoing right lateral elbow pain which he rated 3-6/10. He also had ongoing left lateral elbow pain which was worse than the right, rated 6-7/10. He reported stiffness and pain in the neck rated 9/10, which was decreased to 5/10 with medication. Lower back pain, primarily in the midline, was rated 6/10 in intensity. MRI of the cervical spine dated 1/31/12 revealed right paracentral disc protrusion at C6-C7 causing moderate central canal narrowing and moderate to severe right neural foraminal narrowing. Narrowing of the central canal to 10mm throughout the cervical spine suggested congenital stenosis. Uncovertebral changes causing mild to moderate bilateral neural foraminal narrowing were noted. Treatment to date has included physical therapy, surgery, and medication management. The date of UR decision was 5/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna Lax 8.6mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: Per MTUS CPMTG, when initiating opioid therapy, prophylactic treatment of constipation should be initiated. I respectfully disagree with the UR physician's assertion that the documentation did not contain evidence of opiate-induced constipation. Per progress report dated 6/12/14, which was not available to the UR physician, it is noted that medication side effects felt by the patient include constipation and GI distress/heartburn. The request is medically necessary.

Colace 100mg #60: Overturned

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