

Case Number:	CM14-0098047		
Date Assigned:	07/28/2014	Date of Injury:	12/22/2008
Decision Date:	08/28/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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 Orthopedic Surgery 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:

This 47-year-old male sustained an industrial injury on 12/22/08. The mechanism of injury was not documented. The 4/28/14 treating physician report cited persistent pain over the bilateral sacroiliac joints. There was a popping sensation over the bilateral SI joints with ambulation. Medications are somewhat helpful. Physical exam documented positive tenderness over the lumbar paraspinals and bilateral SI joints with positive Faber and Patrick's tests. The treatment plan recommended was continued medications and compound creams. A request for extension of the lumbosacral fusion to the bilateral SI joints to address pain generators and instability was presented. The 5/6/14 lumbar spine MRI impression documented L4/5 fusion with moderate right neuroforaminal narrowing at L4/5 from endplate osteophytes with no central canal stenosis. The 5/27/14 utilization review denied the request for sacroiliac joint fusion and post-operative Narcosoft as there was no detailed clinical exam, current imaging, or conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcosoft 755 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (<http://www.drugs.com/ppa/docusate.html>) ((http://www.medscape.com/viewarticle/427442_5).

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 76-80, 91 and on the Non-MTUS Official Disability Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend the initiation of prophylactic treatment of constipation when using opioids. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines do not specifically address the use of stool softeners. The National Guidelines Clearinghouse includes guidelines that support the use of emollient laxatives for the prevention of constipation. One of the most common laxative regimens recommended for patients with opioid-induced constipation is a stool softener plus a stimulant laxative (e.g., Colace plus senna). Guideline criteria have not been met. This patient is on chronic opioid therapy and had been prescribed Colace for prophylaxis. Narcosoft was prescribed in place of Colace this month with no indication why there was a change in medication. There was no documentation of a change in bowel habits or medication tolerance. Narcosoft is not listed in the formulary. There is no compelling reason to support the medical necessity of Narcosoft over Colace for the treatment of opioid induced constipation. Therefore, this request for Narcosoft 755 mg #60 is not medically necessary.

Extension of L/S Fusion to both SI joints to address pain generators: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 221. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Hip & Pelvis, Sacroiliac joint fusion.

Decision rationale: The ACOEM Revised Low Back Disorder guidelines do not recommend sacroiliac (SI) joint fusion surgery or other SI joint surgical procedures. SI joint surgery, including fusion is not recommended for treatment of any lower back pain condition. It may be recommended for treatment of severe pelvic fractures with or without instability. The Official Disability Guidelines do not recommend sacroiliac joint fusion except as a last resort for chronic or severe sacroiliac joint pain. Guidelines indicate that the diagnosis of sacroiliac joint pain is controversial and difficult to make accurately, and the evidence base for fusion to treat this vague diagnosis is weak and conflicted. Guideline criteria have not been met. The progress reports over the last several months are unchanged. There is no pain or functional assessment documented indicating an intractable or severe problem. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for extension of lumbosacral fusion to both sacroiliac joints to address pain generators is not medically necessary.