

Case Number:	CM14-0198873		
Date Assigned:	12/09/2014	Date of Injury:	09/30/2013
Decision Date:	01/26/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	11/26/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 48 year old male with an injury date of 09/30/13. Based on progress report dated 10/31/14, the patient complains of numbness and difficulty with walking. Additional complaints include muscle aches, muscle weakness, arthralgia's/joint pain, and back pain. The aching, pulsating, burning and penetrating pain in the back is rated at 8/10. The patient also reports sleep disturbances and feeling unsafe in a relationship. Physical examination reveals tenderness in the neck along with limited range of motion at 60%. In progress report dated 05/27/14, the patient complains of aching, sharp and constant pain in the neck traveling to left shoulder and shoulder blade. The pain is rated at 6-7/10. The lower back pain radiates to posterior lower extremities and is also rated at 6-7/10. The pain reduces to 4-5/10 with medications. Physical examination of the lumbar spine revealed positive Kemp's test and Patrick-Fabere test bilaterally. There is moderate spinal, paraspinal and facet joint tenderness and muscle guarding bilaterally at L4-5 and L5-S1. As per progress report dated 03/25/14, the straight leg raise positive bilaterally. Medications include Amitiza, Avinza, Colace and Cyclobenzaprine, as per progress report dated 10/31/14. The patient also relies on home exercises, hot/cold therapy, and lumbar support to manage his pain, as per progress report dated 05/27/14. The patient received his second lumbar ESI on 03/25/14, as per the same progress report, which led to significant reduction in pain. The patient's work status has been determined as sedentary, as per progress report dated 10/31/14. MRI of the Lumbar Spine, 11/11/13, as per progress report dated 05/27/14:- Disc desiccation at L3-4, L4-5 and L5-S1.- Extra renal pelvis bilaterally.- Focal central disc protrusion superimposed on diffuse disc bulge and annular tear indenting the thecal sac; bilateral stenosis of the neural foramina encroaching bilateral L5 exiting nerve roots, greater on left than right at L3-4 and L4-5.- Focal central disc protrusion superimposed on diffuse disc bulge and annular tear; left

neural foraminal narrowing that effaces left L5 exiting nerve root. Diagnoses, 10/31/14:- Constipation.- Impotence.- Cervical spondylosis.- Cervical spondylosis with radiculopathy.- Degeneration of lumbar intervertebral disc.- Chronic low back pain.- Myofascial pain. The treater is requesting for (a) prescription of Colace 100 mg # 30 (b) (1) urine drug screen. The utilization review determination being challenged is dated 11/15/14. The rationale follows:(a) Prescription of Colace 100 mg # 30 - "Recommended only as a possible second-line treatment for opioid-induced constipation." (b) (1) urine drug screen - No specific rationale provided. Treatment reports were provided from 01/20/14 - 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Colace 100 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, page 77, under the heading: Therapeutic Trial of Opioids state that "Prophylactic treatment of constipation should be initiated." ODG Guidelines, chapter 'Pain (Chronic)' and topic 'Opioid-induced constipation treatment', state "Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool." In this case, the first prescription for Avinza (opioid) and Colace are noted in progress report dated 10/31/14. The progress reports prior to this mention that the patient is taking pain medication but do not specify the names. However, in progress report dated 10/31/14, the treater states that "The patient says that with the use of the Avinza, he gets much improved pain relief, however, the patient showed a significant constipation. Constipation did not respond well with Colace." It is not clear why the treater is requesting for Colace when it is not working for the patient. It also appears that the patient has been taking Avinza and Colace for some time. Hence, this is not a request for prophylactic treatment of constipation associated with opioid initiation. Additionally, the treater does not mention a trial of first-line treatments such as hydration, diet, physical activity, and over-the-counter medications, as required by ODG guidelines. This request is not medically required.

(1) Urine Drug Screen:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug screen

Decision rationale: The request is for (1) urine drug screen. The pain is rated at 6-7/10 without medications and 4-5/10 with medications, as per the same progress report. MTUS page 77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient is taking Avinza (an opioid), although it is not clear when the medication was prescribed for the first time. As per progress report dated 10/31/14, the patient underwent urine drug screen at that visit. The treater also states "Patient urine drug screen was consistent for what he was taking." The progress report does not clearly state if this is a retrospective request for the same urine drug screen test or a request for an additional one. There is no RFA for this case. The UR letter, however, states that this is a "Prospective request for 1 urine drug screen." There is no evidence to contradict this UR contention. The treater does not provide any risk assessment on this patient's opiate use. Additionally, the 10/31/14 progress report also states that the patient should stop Avinza on 11/30/14. Additional screening within this short time would appear excessive. This request is not medically necessary.