

Case Number:	CM14-0215690		
Date Assigned:	01/05/2015	Date of Injury:	03/23/2000
Decision Date:	03/16/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 56-year-old female who reported an injury on 03/23/2000. The mechanism of injury occurred in the course of her usual and customary work duties. The injured worker has diagnoses of cervical postlaminectomy, cervical radiculopathy, lumbar postlaminectomy syndrome, lumbar radiculopathy, status post fusion of the lumbar spine, osteoarthritis of the left ankle and bilateral knees, anxiety, depression, medication related dyspepsia, vitamin D deficiency, and status post gastric bypass. Past medical treatment consists of surgery, the use of a TENS unit, E stim, injections, and medication therapy. Medications include Colace, Flexeril, gabapentin, Percocet, vitamin D, and capsaicin ointment. On 07/08/2014, the injured worker underwent a urine drug screen which indicated the injured worker was compliant with prescription medications. On 11/11/2014, the injured worker was seen on a followup appointment where she complained of back pain which she rated at an 8/10. The injured worker complained of frequent and severe muscle spasms in the low back. Physical examination revealed that there was spasm noted at L5-S1. Tenderness was noted upon palpation in the spinal vertebral area at L4-S1 levels. Range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Sensory exam showed decreased sensitivity to touch along the L4-5 dermatome in the right lower extremity. Motor examination showed decreased strength in the right lower extremity at the dermatomal level of L4-5. Straight leg raise was the injured worker in the seated position was positive on the right for radicular pain at 70 degrees. Medical treatment plan was

for the injured worker to continue with medication therapy. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for a urine drug screen is not medically necessary. The California MTUS Guidelines recommend a urine drug screen test as an option to assess for the use or presence of illegal drugs. It may also be in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The submitted documentation provided did not indicate that the injured worker displayed any impaired behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. Urine drug screen obtained in 07/2014 indicated that the injured worker was compliant with prescription medications. There were no other significant factors provided to justify additional drugs screens. Given the above, the request would not be indicated. As such, the request is not medically necessary.

Colace 100mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/colace.html>, Official Disability Guidelines (ODG), Pain Chapter, Opioid-induced constipation treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment (Docusate).

Decision rationale: The request for Colace 100 mg #90 is not medically necessary. The Official Disability Guidelines recommend opioid induced constipation treatment. Upon prescribing an opioid, especially if it will be needed for more than a few days, There should be an open discussion with the injured worker that this medication may be constipating and the first step should be to identify and correct it. Simple treatment teaching, such as increasing physical therapy, maintaining hydration by drinking enough water, and advising the injured worker to follow a proper diet rich in fiber, can reduce the chance and severity of opioid induced constipation and constipation in general. In addition, some laxatives may be helpful to stimulate gastric motility. Other over the counter medications can help loosen otherwise hard stools and increase water intake of stool. There was no indication in the submitted documentation that the

provider had educated the injured worker on proper hydration, proper diet, and proper exercise regarding opioid induced constipation. Furthermore, the submitted documentation did not indicate that the injured worker had complaints of constipation. Given the above, medical necessity for Colace is unclear. As such, the request is not medically necessary.

Vitamin D 2000 #200: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin D

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Vitamin D (cholecalciferol).

Decision rationale: The request for vitamin D 2000 #200 is not medically necessary. The Official Disability Guidelines state that vitamin D is not recommended for treatment of chronic pain based on recent research. The supplementation is recommended to supplement a documented vitamin deficiency which is not generally considered a Workers' Compensation condition. Given the above evidence based guidelines, the request would not be indicated. There were no other significant factors provided to justify the use outside of current guidelines. As such, the request is not medically necessary.

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: The decision for the request for cyclobenzaprine 7.5 mg #30 is not medically necessary. The California MTUS Guidelines state that cyclobenzaprine is recommended for a short course of therapy. Flexeril (cyclobenzaprine) is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that a shorter course may be better. The medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy of the medication was not submitted for review, nor was there any indication of the medication helping with any muscle spasm the injured worker might be having. Additionally, it was noted in the submitted documentation that the injured worker had been on the medication since at least 11/2014, exceeding the recommended guidelines for short term use. Given the above, the injured worker is not within California MTUS recommended guideline criteria. As such, the request is not medically necessary.