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| <b>Case Number:</b>   | CM15-0106811 |                              |            |
| <b>Date Assigned:</b> | 06/05/2015   | <b>Date of Injury:</b>       | 01/05/2011 |
| <b>Decision Date:</b> | 07/09/2015   | <b>UR Denial Date:</b>       | 05/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/02/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 5, 2011. In a utilization review report dated May 21, 2015, the claims administrator failed to approve requests for an orthopedic spine surgery reevaluation and Colace (docusate sodium). The claims administrator referenced an RFA form received on May 11, 2015 in its determination. The applicant's attorney subsequently appealed. On May 7, 2015, the applicant reported 9/10 neck pain with medications versus 10/10 pain without medications. The applicant was on Colace for constipation, and also using Norco and Neurontin for analgesia. The applicant was severely obese, with a BMI of 41. It was suggested that the applicant was working at a rate of 5 hours a day despite ongoing complaints of neck pain in one section of the note. The note was very difficult to follow and mingled historical issues with current issues. Toward the bottom of the report, it was stated that the applicant's medications were generating enough analgesia to facilitate the applicant's returning to work at a rate of 25 hours a week. Norco, Neurontin, Colace, and Prilosec were renewed, along with 20-pound lifting limitation. The note was quite difficult to follow as it mingled historical issues with current issues. The attending provider did state that the applicant was experiencing issues with opioid-induced constipation. The attending provider also stated that the applicant's ability to perform laundry, meal preparation, self-care, writing, and computer usage had all been improved as a result of ongoing medication consumption. The applicant was apparently asked to obtain second opinion spine surgery and shoulder surgery consultations in another section of the note.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Referral to Orthopedic Spine Surgeon for Re-Evaluation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** Yes, the request for an orthopedic spine surgery reevaluation was medically necessary, medically appropriate, and indicated here. The applicant's primary pain generator here was the neck. As noted in the MTUS Guideline in ACOEM Chapter 8, page 180, if surgery is a consideration, counseling and discussion regarding outcomes, risks, benefits, and expectations is "essential." Here, the attending provider did suggest, albeit somewhat obliquely, that the applicant was considering and/or contemplating spine and/or neck surgery. Obtaining an orthopedic reevaluation was, thus, indicated. Therefore, the request was medically necessary.

### **Docusate Sodium 250mg #60: Overturned**

**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, Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

**Decision rationale:** Similarly, the request for Colace (docusate sodium), a stool softener/laxative, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was using Norco, an opioid agent, as of the date of the request. The attending provider, furthermore, suggested that the applicant was presently experiencing symptoms of opioid-induced constipation. Employing docusate (Colace) was, thus, indicated. Therefore, the request was medically necessary.