

Case Number:	CM15-0139176		
Date Assigned:	07/29/2015	Date of Injury:	10/16/2012
Decision Date:	09/22/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/17/2015

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: California

Certification(s)/Specialty: Emergency 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 25 year old male, who sustained an industrial injury on October 16, 2012. He reported he was lifting a power washer into a golf cart when he experienced an immediate onset of low back pain. The injured worker was diagnosed as having S1 radiculopathy and severe deconditioning. Treatments and evaluations to date have included physical therapy, cognitive behavioral therapy (CBT), x-rays, MRI, electrodiagnostic study, bracing, TENS, lumbar injections, psychological therapy, and medication. Currently, the injured worker complains of low back pain rated 7/10 that radiates to both legs and up his back with numbness in both feet, bilateral knee pain rated 6/10, shoulders hurt from pushing himself up, and urinary leakage, feeling he was not emptying bladder with sexual dysfunction due to pain. The Primary Treating Physician's report dated February 11, 2015, noted the injured worker reported feeling worse, and had been seeing a psychiatrist and a psychologist. The injured worker's constipation was noted to be improved with his Colace. The injured worker was noted to have diminished sensation in the left leg and pain to palpation along the lumbar paraspinal muscles, and a urinary weak stream. The treatment plan was noted to include a pending spinal consult, a urology consult to evaluate worsening urinary incontinence with spinal injury, a cervical pillow and lumbar support for pain reduction and improved body mechanics, an orthopedic consult for pain and weakness in the bilateral knees, physical therapy, and medications including Omeprazole, Anaprox DS, Norco, Cymbalta, Thermacare patch, Colace, Detrol LA for overactive bladder due to chronic pain, and Ultram ER. The injured worker's work status was noted to return to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support, for pain reduction and improved body mechanics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As per ACOEM Guidelines, lumbar supports has no lasting benefits beyond acute phase for symptom relief. Patient's pain is chronic. There is no rationale as to why a brace was being requested for chronic back pain. Lumbar support brace is not medically necessary.

Colace 250 mg Qty 60, 2 times daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid induced constipation Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioid induced constipation treatment.

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

Decision rationale: As per MTUS Chronic pain and ACOEM Guidelines, constipation treatment or prophylaxis only relates to patients undergoing opioid therapy. Pt has constipation and is chronically on opioids. UR denied colace due to denial of patient's opioids. However, records show that patient is still on norco. As long as patient is on opioid therapy (even if denied by UR), colace is a low cost, low risk medication to decrease risk of constipation and resultant worsening complications which may require more expensive intervention. Colace is medically necessary.

Detrol LA 2 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna: Pharmacy Clinical Policy Bulletins: Detrol.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/020771s019,021228s012lbl.pdf.

Decision rationale: No information concerning Detrol is available in MTUS guidelines or Official Disability Guidelines. Review of FDA label on detrol (tolterodine tartrate) shows that it is approved for overactive bladder. Progress notes that patient has dribbling and urinary

incontinence. It is unclear if this is from spinal cord related pathology or some other pathology. It is not clear if this is from overactive bladder or overflow incontinence from overactive bladder. Despite notes stating that patient is to see a Urologist, no urology notes was found in provided records. The lack of any benefit on this medication and the unknown etiology of urinary issues does not support continued use of detrol. If cause of urinary incontinence is due to overflow incontinence and retention, detrol could worsen it. Detrol is not medically necessary.