

Case Number:	CM15-0161149		
Date Assigned:	09/21/2015	Date of Injury:	09/13/1995
Decision Date:	10/22/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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 injured worker is a 60-year-old female who sustained an industrial injury on September 13, 1995. Diagnoses include failed neck surgery syndrome and opioid induced constipation. Documented treatments identified are cervical laminectomy and fusion, physical therapy, massage, and hot packs, all providing "short relief." Medication includes Hydromorphone, Ducosate Sodium, and Bisacodyl. During recent previous visits, it was noted that she has also tried Dilaudid, Oxycodone, and Percocet, but there were some unwanted side effects. Urine drug screen was stated to be "consistent with current therapy." The injured worker continues to report increasing pain in her neck and shoulders, with numbness and tingling in both upper extremities; worse in her hands. Physician examination July 29, 2015 noted tenderness from the back of her head down her neck to C6 and 7 with muscle spasms. The injured worker stated she was still able to perform most activities of daily living. The treating physician's plan of care included medication refills of Hydromorphone and Bisacodyl. A cervical MRI with IV sedation was also requested noting that the injured worker is claustrophobic and needs sedation. The last cervical MRI was noted to have been performed over 5 years ago. Requests were denied August 6, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI (magnetic resonance imaging) with IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back/Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not address the issue of repeat spinal MRI exams. ODG Guidelines do address this issue and the Guidelines do not recommend repeat MRI studies unless there is a significant change in an individual's condition. There is reported to be a slight increase in pain, but this is not accompanied by any objective findings such as progressive neurological loss. Also, no red flag conditions are suspected i.e. tumor or infection. At this point in time, the request for the repeat MRI does not meet Guideline standards and there are no unusual circumstances to justify an exception to Guidelines. The Cervical MRI (magnetic resonance imaging) with IV sedation is not supported by Guidelines and is not medically necessary.

Hydromorphone 4 mg Qty 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: MTUS Guidelines support the careful use of opioids if there is meaningful pain relief, support of functioning and the lack of drug related aberrant behaviors. This individual meets these criteria. Meaningful pain relief is well documented, functional improvements are detailed and there are no problems with drug related aberrant behaviors. Under these circumstances, the Hydromorphone 4 mg Qty 120 is supported by Guidelines and is medically necessary.

Bisacodyl 5 mg Qty 60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS Guidelines recommend the prophylactic use of medications for constipation when opioids are being utilized. This individual meets these Guideline recommendations with the chronic use of opioids. The use of Bisacodyl 5 mg Qty 60 is

supported in Guidelines and there are no unusual circumstances that would be contrary to its use. The Bisacodyl 5mg. Qty 60 is medically necessary.