

Case Number:	CM15-0188349		
Date Assigned:	09/30/2015	Date of Injury:	08/30/2012
Decision Date:	12/01/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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:

This is a 61 year old male with a date of injury on 8-30-12. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 7-22-15 reports continued complaints of lower back pain with radiation into the left leg. Objective findings: normal gait, flexion 35 extension 00, positive faber test right SI, positive right SI joint compression and positive right SI joint shear test. Work status: temporarily totally disabled. Treatments include medication, physical therapy, injections, acupuncture and laminectomy (1-2-14). Request for authorization was made for thyroid panel, X-ray of lumbar spine AP lateral with flexion and extension, MRI of lumbar spine, Dexa whole body scan and C-reactive. Utilization review dated 8-26-15 non-certified request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thyroid Panel: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Opioids, Criteria for use.

Decision rationale: The request is for a medication to aid in constipation. The Official Disability Guidelines state the following regarding this topic: Recommended as indicated below. In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. 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. Second-line: If the first-line treatments do not work, there are other second-line options. About 20 percent of patients on opioids develop constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. An oral formulation of methylnaltrexone (Relistor) met the primary and key secondary end points in a study that examined its effectiveness in relieving constipation related to opioid use for non-cancer-related pain. The effectiveness of oral methylnaltrexone in this study was comparable to that reported in clinical studies of subcutaneous methylnaltrexone in subjects with chronic non-cancer-related pain. There was an 80 percent improvement in response with the 450 mg dose and a 55 percent improvement with 300 mg. Constipation drug lubiprostone (Amitiza) shows efficacy and tolerability in treating opioid-induced constipation without affecting patients' analgesic response to the pain medications. Lubiprostone is a locally acting chloride channel activator that has a distinctive mechanism that counteracts the constipation associated with opioids without interfering with the opiates binding to their target receptors (Bader, 2013), (Gras-Miralles, 2013), See also Tapentadol (Nucynta), which has improved gastrointestinal tolerability for patients complaining of constipation, nausea, and/or vomiting. The FDA has approved methylnaltrexone bromide (Relistor) subcutaneous injection 12 mg/0.6 mL for the treatment of opioid-induced constipation in patients taking opioids for non-cancer pain. (FDA, 2014) As stated above, measures to combat constipation for patients on opioids are needed. In this case, the use of this medication is not indicated. The patient is currently on a medication in the opioid class with the resultant side effect of constipation. The opioid medication has been non-certified for use. As such, there is lack of need for this medication. The request is not medically necessary.

X-Ray of Lumbar Spine AP Lateral with Flexion and Extension: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back/X-rays.

Decision rationale: The request is for X-rays of the low back. The ODG state the following regarding qualifying criteria: Not recommend routine x-rays in the absence of red flags, (See indications list below). Indications for imaging- Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit; Thoracic spine trauma: with neurological deficit; Lumbar spine trauma (a serious bodily injury): pain, tenderness; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture; Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70; Uncomplicated low back pain, suspicion of cancer, infection; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, painful; Myelopathy, sudden onset; Myelopathy, infectious disease patient; Myelopathy, oncology patient; Post-surgery: evaluate status of fusion. In this case, there is inadequate documentation of red flags, which would warrant X-rays. There is also no record to indicate and change in neurologic status or new deficit. Pending this information, the request is not medically necessary.

MRI Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)/ MRIs (magnetic resonance imaging).

Decision rationale: The request is for an MRI of the lumbar spine. The ODG guidelines state the following regarding qualifying criteria: Indications for imaging- Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); Uncomplicated low back pain, suspicion of cancer, infection, other red flags; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit; Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, painful; Myelopathy, sudden onset; Myelopathy, stepwise progressive; Myelopathy, slowly progressive; Myelopathy, infectious disease patient; Myelopathy, oncology patient; Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation. In this case, the patient would not qualify for an MRI based on the above set standards. This is secondary to a lack of a change in clinical status or described red flags. There is a lack of documentation of progressive neurologic deficit. Pending further information, the request is not medically necessary.

DEXA Whole Body Bone Scan: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back (lumbar & thoracic)/Bone scan.

Decision rationale: The request is for a bone scan. The official disability guidelines state the following regarding this topic: Not recommended, except for bone infection, cancer, or arthritis (deVlam, 2000), (Littenberg, 1995), (ACR, 2000); [Note: This is different from the 1994 AHCPR Low Back Guideline, which said "Recommend if no improvement after 1 month" for Bone scan (Bigos, 1999)]. Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma. In this case, a bone scan is not indicated. This is secondary to poor documentation of one of the qualifying factors as listed above. As such, the request is not medically necessary.

C-reactive Protein: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.emedicinehealth.com/c_reactive_protein_blood_test_crp/article_em.htm.

Decision rationale: The request is for the blood test C-reactive protein. C-reactive protein (CRP) is a marker of inflammation in the body and its level in the blood increases if there is any inflammation in the body. C-reactive protein, along with other markers of inflammation is sometimes referred to as acute phase reactants. It is a marker for infection and is elevated in multiple other disease processes. In this case, there is inadequate documentation of the reasoning for the test being ordered. As such, the request is not medically necessary.