

Case Number:	CM15-0189695		
Date Assigned:	10/01/2015	Date of Injury:	08/09/2010
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/25/2015

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 46-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 9, 2010. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve a request for Colace, Anusol, and tramadol. The claims administrator referenced an August 19, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 3, 2015, acupuncture, an internal medicine referral, tramadol, Colace, Anusol, and a follow-up visit were endorsed. On an associated progress note of September 3, 2015, the applicant reported ongoing complaints of low back, neck, shoulder, and sacroiliac joint pain, highly variable, 7-10/10. Ancillary complaints of anxiety, stress, and insomnia were reported. Activities to include climbing, carrying, walking, standing, and turning remained problematic, the treating provider reported. The applicant had undergone earlier lumbar spine surgery, it was reported. Tramadol, Colace, and Anusol were all endorsed, seemingly without any discussion of medication efficacy. These requests appeared to represent a renewal request, although it was explicitly stated. The applicant was placed off of work. It was stated that Colace was being employed for constipation, although there is no mention whether Colace was or was not effective. It was not stated for what diagnosis or issue Anusol had been prescribed, however. On a handwritten note dated August 19, 2015, difficult to follow, not entirely legible, the applicant was given diagnosis of gastritis. Protonix was endorsed for the same. The note was very difficult to follow and not altogether legible. On an earlier note dated July 21, 2015, the applicant had employed Protonix for heartburn. It was acknowledged that the applicant had

undergone earlier failed lumbar spine surgery and was apparently using tramadol for the same. The applicant had developed issues with constipation and hemorrhoids with occasional complaints of bright red blood per rectum, the treating provider reported on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 250 mg/tab 1 tab by mouth BID #60 tabs: 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.

Decision rationale: Yes, the request for Colace, a stool softener/laxative, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, the prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was described using tramadol, an opioid agent, on multiple office visits, referenced above, including on July 21, 2015. The applicant had in fact developed actual symptoms of constipation associated with tramadol usage, the attending provider acknowledged on September 21, 2015. Ongoing usage of Colace was, thus, indicated to combat the same. Therefore, the request was medically necessary.

Anusol 1 %: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/anusol-hc-cream?druglabelid=1893>Anusol-HC Cream (hydrocortisone) - Drug Summary ADULT DOSAGE & INDICATIONS Inflammatory and Pruritic Manifestations of Corticosteroid-Responsive Dermatoses Apply a thin film to the affected area bid-qid depending on the severity of the condition.

Decision rationale: Similarly, the request for Anusol 1% was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for this particular condition for which it has been prescribed into his choice of recommendation so as to ensure proper usage and so as to manage expectations. Here, a handwritten progress note of July 21, 2015 suggests that the applicant had issues with bright red blood per rectum associated with bleeding hemorrhoids. The Physicians' Desk Reference (PDR) does acknowledge that Anusol cream is indicated in the treatment of inflammatory and/or pruritic manifestations of corticosteroid responsive dermatoses, as was present here in the form of the applicant's

symptomatic hemorrhoids. Usage of Anusol was, thus, indicated to ameliorate the same. Therefore, the request was medically necessary.

Tramadol 100 mg/tab 1 tab by mouth daily PRN for pain #45 tabs: Upheld

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.

Decision rationale: Finally, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work, on total temporary disability, the treating provider reported on September 3, 2015. Little-to-no seeming discussion of medication efficacy transpired on that date. Pain complaint as high as 7-10/10 were reported. The applicant reported difficulty performing activities as basic as bending, lifting, carrying, walking, and standing, it was acknowledged. All of the foregoing, taken together, strongly suggested that the applicant had, in fact, failed to profit with ongoing tramadol usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.