

Case Number:	CM15-0194223		
Date Assigned:	10/08/2015	Date of Injury:	12/05/2012
Decision Date:	12/11/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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: New York, 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 51 year old female, who sustained an industrial injury on 12-5-2012. She reported a fall down stairs with injury to the lower back and left hip. Diagnoses include left hip trochanteric bursitis, lumbago, and labral tear. Treatments to date include activity modification, medication therapy, functional restoration program, left hip injection, and lumbar epidural steroid injections. On 8-20-15, she complained of ongoing pain. Pain was rated 8 out of 10 VAS with medication, 10 out of 10 VAS without medications. Current medications listed included Nortriptyline HCL, Omeprazole, Morphine, and Senokot (prescribed since at least June 2015). The provider documented "she is unable to function without the aid of her medication." The physical examination documented tenderness in the lumbar muscles and facet joint with spasm noted. Lumbar facet loading was positive bilaterally and the straight leg raise test was positive on the left side. The left hip demonstrated a positive FABER test and tenderness with palpation. There was decreased sensation noted to be "patchy in distribution." The provider documented a left hip MRI (dated 8-10-15) revealed a chronic tear in labrum with gluteal tendonitis. The plan of care included ongoing medication therapy and referral to orthopedic surgeon due to "new MRI findings and continued pain of left hip." The appeal requested authorization for a referral to an orthopedic surgeon; Omeprazole 40mg #30; Morphine Sulf ER 15mg #60; Colace 100mg #60; and Senokot 187mg #60. The Utilization Review dated 9-25-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to orthopedic surgeon #1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Surgical Considerations, Physical Examination.

Decision rationale: Per the MTUS cited above, surgical consultation may be indicated for activity limitation, failure of conservative care, and specific surgical conditions. According to the guidelines, referral for surgical consultation is indicated for patients who have:- Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise.- Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms.- Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair.- Failure of conservative treatment to resolve disabling radicular symptoms. The documentation does not support objective evidence of radicular symptoms. The chart does not include a thorough neurologic exam. There are no nerve conduction studies in the record. Imaging studies do not demonstrate a surgical cause for the pain. Without the support of the documentation or adherence to the guidelines, the request for an orthopedic surgeon is not medically necessary.

Omeprazole 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Omeprazole is not medically necessary based on the MTUS.

Morphine Sulf ER 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Oral morphine, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain, these recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been taking several medications to treat pain without documented functional improvement related to their use. The IW continues to fill ongoing prescriptions for pain. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for opiate analgesia is not medically necessary.

Colace 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: CAMTUS chronic pain guidelines recommend prophylactic treatment of constipation when prescribing opiates for analgesia. The IW has been on opiate medications for a minimum of 6 months and has been taking stool softeners during this time. There is no documentation in the record relating the IW bowel habits. Ongoing prescribing of Colace in the setting of narcotics is appropriate. However, opiate prescriptions should be closely monitored with ongoing assessments of functional improvements related to prescribed medications. As such, the ongoing use of a Colace is dependent upon the ongoing use of opiates. Additionally, the request does not include dosing frequency or duration. Without this documentation, the request for Colace is not medically necessary.

Senokot 187mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: CAMTUS chronic pain guidelines recommend prophylactic treatment of constipation when prescribing opiates for analgesia. The IW has been on opiate medications for a minimum of 6 months and has been taking stool softeners during this time. There is no documentation in the record relating the IW bowel habits. Ongoing prescribing of Colace in the setting of narcotics is appropriate. The IW started Senokot another bowel regimen agent a minimum of 4 months ago. There is no report of improvement with this medication. There is no documentation of bowel habits. However, opiate prescriptions should be closely monitored with ongoing assessments of functional improvements related to prescribed medications. As such, the ongoing use of a Senokot is dependent upon the ongoing use of opiates. Additionally, the request does not include dosing frequency or duration. Without this documentation, the request for Senokot is not medically necessary.