

<b>Case Number:</b>	CM15-0024469		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 24 year old female, who sustained an industrial injury on February 7, 2014. She has reported neck pain and right shoulder pain with associated tingling and numbness with a slight tilt of the neck to the right side. The diagnoses have included cervical and thoracic spine strain/sprain, right shoulder sprain and internal derangement and right arm pain. Treatment to date has included radiographic imaging, diagnostic studies, pain medications, conservative therapies and work restrictions. Currently, the IW complains of neck pain and right shoulder pain with associated tingling and numbness with a slight tilt of the neck to the right side. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She reported trying to help a patient that was collapsing when she felt a pop in her shoulder and pain in the neck, back and shoulder. Evaluation on June 4, 2014, revealed continued pain. The left shoulder was noted to have compensatory pain. She reported numbness in the right hand and arm when sleeping as well as radiating pain from the thoracic spine to the lumbar spine and sleep difficulties. On December 21, 2014, evaluation revealed complaints of constipation and sleep disturbances. On December 29, 2014, evaluation revealed a slight improvement in pain after chiropractic care. In January of 2015 a request for a psychology consultation was placed secondary to chronic pain and sleep disturbances. On January 12, 2015, Utilization Review non-certified a request for Lodine 400mg #60 with one refill, Miralax 17gm with 1 refill and a urine drug screen, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 9, 2015, the injured worker submitted an application for IMR for review of Lodine 400mg #60 with one refill, Miralax 17gm with 1 refill and a urine drug screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Miralax 17gm x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, pg 77.

**Decision rationale:** Miralax (Polyethelyn Glycol) is used in the treatment of occasional constipation (irregularity). This product should be used for 7 days or less as excessive use can upset the body's chemical balance and lead to dependence on laxatives. Submitted reports have not adequately documented indication for the medication's continued use. Additionally, there is no mention of constipation as a side effect from any opiates use. The Miralax 17gm x 1 refill is not medically necessary and appropriate.

**Urine drug test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine drug test is not medically necessary and appropriate.

**Lodine 400mg #60 x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

**Decision rationale:** Lodine (etodolac) is a member of the pyranocarboxylic acid group of nonsteroidal anti-inflammatory drugs (NSAIDs). Lodine (etodolac capsules and tablets) is indicated for acute management of signs and symptoms of the osteoarthritis, rheumatoid arthritis, and for the management of acute pain. Prolonged use carries an increased risk of serious cardiovascular (CV) thrombotic events, myocardial infarction, and stroke, which can be fatal. Per Guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of Lodine's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue Lodine for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of the patient's heart condition as noted by the provider. The Lodine 400mg #60 x 1 refill is not medically necessary or appropriate.