

Case Number:	CM15-0025476		
Date Assigned:	02/18/2015	Date of Injury:	06/05/2002
Decision Date:	04/02/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/10/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 59-year-old male, who sustained an industrial injury on June 5, 2002. He has reported lower back pain radiating to the legs, bilateral shoulder pain, and bilateral knee pain. The diagnoses have included lumbar spine disc displacement, lumbar spine degenerative disc disease, lumbar spine radiculopathy, cervical spine pain, post cervical laminectomy syndrome, and mood disorder. Treatment to date has included medications, epidural steroid injection, cervical spine fusion, psychotherapy, bracing, use of a wheeled walker, and imaging studies. A progress note dated January 14, 2015 indicates a chief complaint of continued lower back pain with radiation to the bilateral legs, bilateral shoulder pain, bilateral knee pain, and poor sleep. Physical examination showed an antalgic gait, decreased range of motion with spasms, tenderness and tightness of the cervical spine, loss of normal lordosis of the lumbar spine, decreased range of motion with spasms, tenderness and tightness of the lumbar spine, tenderness to palpation of the bilateral knees, and crepitus of the bilateral knees. The treating physician is requesting a prescription for Bisacodyl. On January 29, 2015 Utilization Review denied the request for the prescription for Bisacodyl citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bisacodyl 5mg #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American Gastroenterological Association.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of rescue opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy at time of request. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore the request is medically necessary.