

Case Number:	CM15-0218944		
Date Assigned:	11/10/2015	Date of Injury:	11/09/2010
Decision Date:	12/23/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male, who sustained an industrial-work injury on 11-9-10. The injured worker was diagnosed as having essential hypertension, cervical disc with radiculitis, left shoulder subacromial impingement, bilateral carpal tunnel syndrome, left elbow epicondylitis, gastritis, and sleep disorder. Treatment to date has included medication: non steroid anti-inflammatories, corticosteroid injections to left shoulder, physical therapy, splints, spine specialist, and diagnostics. Currently, the injured worker complains of left shoulder pain that affect sleep and ability to perform ADL's (activities of daily living). Per the primary physician's progress report (PR-2) on 9-17-15, exam noted no erythema, full passive range of motion, tenderness over the supraspinatus insertion, no tenderness over the AC (acromioclavicular) joint and biceps tendon, strength of 4 out of 5 in the supraspinatus and infraspinatus and 5 out of 5 in the subscapularis. Exam of the hands reveals positive Tinel's and Phalen's tests. Current plan of care includes surgery (left shoulder arthroscopy with subacromial decompression) and diagnostic testing. The Request for Authorization requested service to include Colace 250mg and Lisinopril 10mg. The Utilization Review on 10-6-15 denied the request for Colace 250mg and Lisinopril 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 250mg: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant sustained a work injury in November 2010 when he fell backwards striking his head and falling onto his buttocks and hitting his left elbow. He continues to be treated for left shoulder and elbow pain, cervical and lumbar pain, and has hypertension, also on an industrial basis. In July 2015 medications were Norco, Pantoprazole, diclofenac, and Lisinopril. He had no complaints. Physical examination findings included a blood pressure of 130/80. His weight was 232 pounds. Lab testing was ordered. Colace 250 mg #60 was prescribed with three refills. Lisinopril was continued. He was to follow-up in 2-3 weeks or sooner if needed. In August 2015 lab test results were reviewed. His blood pressure was 124/80. He was having ongoing epigastric pain. Colace 250 mg and Lisinopril 10 mg two times per day were continued. Recommendations including following up with his primary care physician for management of hyperlipidemia and gastritis. Although poorly documented as there were no recorded complaints when this medication was prescribed, the claimant appears to be being treated for probable opioid induced constipation. Guidelines recommend treatment due to opioid- induced constipation which is a common adverse effect of long-term opioid use and can be severe. Most patients are initially treated with lifestyle modifications, such as increased fluid intake, and increased dietary fiber intake. Additional fiber intake in the form of polycarbophil, methylcellulose, or psyllium may improve symptoms. The next step in the treatment of constipation is the use of an osmotic laxative, such as polyethylene glycol, followed by a stool softener, such as docusate sodium, and then stimulant laxatives. In this case, the claimant has not failed the recommended initial treatments for opioid induced constipation. Prescribing Colace is not medically necessary.

Lisinopril 10mg: 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): Introduction. Decision based on Non-MTUS Citation James PA, Oparil S, Carter BL, et al. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014; 311 (5):507-520.

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