

Case Number:	CM15-0051490		
Date Assigned:	03/24/2015	Date of Injury:	01/02/2014
Decision Date:	06/19/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/18/2015

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, 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 41 year old male who sustained an industrial injury on 01/20/14. Initial complaints and diagnoses are not available. Treatments to date include 3 elbow surgeries, a right stellate ganglion block, and medications. Diagnostic studies include a MIR of the right shoulder. Current complaints include burning pain in the right upper extremity, right neck and shoulder pain. Current diagnoses include status post crush injury to the right upper extremity, right ulnar neuropathy with possible complex regional pain syndrome, cervical spine sprain/strain with right neck pain, and right shoulder pain. In a progress note dated 02/09/15 the treating provider reports the plan of care as medications including gabapentin, OxyContin, Oxycodone, Trazodone, and Laxacin, as well as hardware removal from the right forearm and right shoulder surgery, and a right stellate ganglion block. The requested treatment is Laxacin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laxacin 50/8.6mg #200: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: 2) Steps to take before a Therapeutic trial of Opioids; (d) Prophylactic treatment of constipation should be initiated Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Prophylaxis for Constipation Page(s): 77-78.

Decision rationale: With regard to this medication request, the Chronic Pain Medical Treatment Guidelines do recommend prophylactic laxative and stool softener agents for any patient on opioid therapy. Opioids are well known to cause constipation commonly as a side effect. Within the submitted documentation, the patient has diagnosis of constipation with opioid use, and the benefit of Laxacin is well documented. Therefore, it is reasonable to continue this medication for treatment of constipation related to opioid use. The request is medically necessary.