

Case Number:	CM15-0054029		
Date Assigned:	03/27/2015	Date of Injury:	12/03/2010
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 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 57-year-old male, who sustained an industrial injury on 12/03/2010. He has reported subsequent neck, back, wrist, ankle and foot pain and was diagnosed with musculoligamentous injury of the lumbar spine, cervical and lumbar degenerative joint disease, intervertebral disc disorder, contusion of left foot and bilateral carpal tunnel syndrome. Treatment to date has included oral and topical pain medication, H-wave unit, home exercise program, cervical traction and application of heat and ice. In a progress note dated 10/09/2014, the injured worker complained of low back pain radiating to the lower extremities with numbness and tingling. Objective findings were notable for sacroiliac joint inflammation with signs and symptoms of radiculitis, positive Gaenslen's, Patrick and Fabre tests and sacroiliac joint thrust that was severely positive. There was no medical documentation submitted that pertains to the current treatment request for Laxacin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Laxacin #100 (DOS 12/02/2014): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Retrospective: Laxacin #100 (DOS 12/02/2014). The 12/02/2014 report was not provided for review. The treating physician states, "Pain is at the level 9/10 most of the time specifically sitting on hard surfaces with radiation to the thigh patient states the pain is worse than last exam (20)." The treating physician also documents that the patient is currently taking Norco, Naprosyn, Gabapentin, and Zanaflex. The MTUS states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. The MTUS guidelines also state, "Opioid induced constipation is a common adverse side effect of long-term opioid use." The patient's constipation is the adverse side effect induced by the long-term use of Norco, an opioid. Per guidelines, prophylactic treatment of constipation is to be initiated. In this case, the treating physician documents that the patient is taking opioids and has constipation. The current request is medically necessary and the recommendation is for authorization.