

Case Number:	CM14-0129526		
Date Assigned:	09/18/2014	Date of Injury:	10/22/1999
Decision Date:	10/16/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male who has submitted a claim for chronic severe neck pain, cervicogenic headache, myofascial pain/spasm, hypertension, hypogonadism and GERD/ulcers associated with an industrial injury date of October 12, 1999. Medical records from 2014 were reviewed, which showed that the patient complained of severe increased pain and numbness in the left arm/neck. Review of systems from a progress report dated Jun 18, 2014 mentioned that the patient did not have constipation. Examination showed neck pain and spasm. There was occipital tenderness and tenderness in the left shoulder region. Blood pressure was elevated on multiple occasions: 163/117 (6/18/2014), 160/100 (5/28/2014) and 175/110 (5/5/2014). Treatment to date has included medications such as methadone and dilaudid, Colace (since 5/28/2014), Senokot (since 5/28/2014), amlodipine, cholecalciferol and hydrochlorothiazide (since at least 5/28/2014). Utilization review from July 28, 2014 denied the request for Colace 100mg #120, Senokot 8.6mg #60, Hydrochlorothiazide 12.5mg #30, Flonase Nasal spray 50mg and Cholecalciferol 1000 IUs#30. The requests for Colace and Senokot were denied because there was no documentation of constipation. The request for hydrochlorothiazide was denied because the patient did not have edema or fluid retention. The request for Flonase nasal spray was denied because there was no documented allergic rhinitis or asthma. The request for cholecalciferol was denied because there was no evidence of a vitamin deficiency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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

Decision rationale: According to page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; for prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and for prevention of dry, hard stools. In this case, the patient is being given Colace prophylactically due to co-intake of opioids since at least 5/28/2014. There was no reported side effects and the medication seems to work as the patient did not have constipation even until the latest progress report. Therefore, the request for Colace 100mg #120 is medically necessary.

Senokot 8.6mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Senna)

Decision rationale: As stated on page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. The FDA states that Senna is indicated for short-term treatment of constipation, and preoperative and pre-radiographic bowel evacuation or for procedures involving GI tract. In this case, the patient has been on this medication since at least May 28, 2014. This medication is necessary to manage constipation associated with medication intake since the patient has been on chronic opioid therapy. Therefore, the request for Senokot 8.6mg #60 is medically necessary.

Hydrochlorothiazide 12.5mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com - thiazide diuretic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: JNC 8 hypertension guidelines

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the JNC 8 Hypertension Guidelines was used instead. According to the

JNC 8, in the general population, initial antihypertensive treatment should include a thiazide type diuretic. In this case, the patient presented multiple times with elevated blood pressure of 163/117 mmHg (6/18/2014), 160/100 mmHg (5/28/2014) and 175/110 mmHg (5/5/2014). The requested amount is a reasonable treatment option for hypertension. Therefore, the request for Hydrochlorothiazide 12.5mg #30 is medically necessary.

Flonase Nasal spray 50mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Flonase)

Decision rationale: CA MTUS does not specifically address fluticasone. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the FDA was used instead. According to the FDA, Flonase nasal spray is used to treat nasal symptoms such as congestion, sneezing, and runny nose caused by seasonal or year-round allergies. In this case, Flonase was being prescribed since May 28, 2014 for chronic sinusitis. The medical necessity has been established. Therefore, the request for Flonase Nasal spray 50mg is medically necessary.

Cholecalciferol 1000 IUs#30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- pain procedure summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (cholecalciferol)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the FDA was used instead. According to the FDA, Cholecalciferol is used to treat or prevent many conditions caused by a lack of vitamin D, especially conditions of the skin or bones. In this case, there is no documented lack of vitamin D or any condition of the skin or bones. The reason for the prescription of cholecalciferol is unclear. Without much information, the necessity for cholecalciferol is difficult to establish. Therefore, the request for cholecalciferol 1000 IUs #30 is not medically necessary.