

Case Number:	CM14-0211192		
Date Assigned:	01/26/2015	Date of Injury:	05/17/1997
Decision Date:	02/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Texas, California
 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:

This is a 47 year old male patient who sustained a work related injury on 5/17/97. The exact mechanism of injury was not specified in the records provided. The current diagnoses include lumbar radiculopathy, pelvic pain, lumbosacral root lesions, Per the doctor's note dated 1/16/15, patient has complaints of increased GI upset and acid reflux symptoms, increased painful pressure like pain to his pelvic/sacrum area, Intractable pain over lower back, buttock area, ankle pain at 4-8/10. The review of systems in this note stated that the pt denied having constipation. Physical examination revealed SLR negative, severe tenderness on right lower lumbar facet joint and moderate tenderness on SI joint, severe tenderness on right ankle joint, range of motion very limited due to pain, slow gait, weakness in the right lower extremity, Normal sensation to pin prick in the upper and lower extremities and Deep tendon reflexes in the upper and lower extremities were normal bilaterally. The current medication lists include Oxycontin, ibuprofen, Citrucel, Cosamin and Polyethylene glycol, Protonix. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history include back surgery. Any operative/ or procedure note was not specified in the records provided. He has had a urine drug toxicology that was consistent. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids Page(s).

Decision rationale: Oxycontin 40 mg, is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycontin 40 mg, sixty counts is not established for this patient.

Polyethylene glycol 3350 powd, 527 grams x 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: Thompson Micromedex FDA labeled indication for Miralax Constipation

Decision rationale: MiraLax (polyethylene glycol 3350) is a laxative solution that increases the amount of water in the intestinal tract to stimulate bowel movements. ACOEM/CA MTUS do not address this request. MiraLax contains polyethylene glycol According to the Thompson Micromedex FDA labeled indication for Miralax includes constipation Patient is already using Citrucel for constipation. The response to that is not specified in the records provided .The

review of systems in the note dated 1/16/15 stated that the pt denied having constipation. Rationale for using an additional medicine for constipation is not specified in the records provided. Response to Citrucel was not specified in the records provided. The medical necessity of the request for Polyethylene glycol 3350 powd, 527 grams x 5 is not fully established in this patient.