

Case Number:	CM15-0011490		
Date Assigned:	01/29/2015	Date of Injury:	07/01/2010
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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

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 51 year old male, who sustained an industrial injury on 07/01/2010. The diagnoses have included cervical spine sprain/strain with radiculopathy, chronic bilateral C5 radiculopathy, bilateral ulnar neuropathy, bilateral carpal tunnel syndrome, left shoulder pain, status post right shoulder arthroscopic surgery with residual, and lumbar spine sprain/strain with right L5 radiculopathy. Treatments to date have included epidural steroid injections and medications. Diagnostics to date have included electromyography/nerve conduction studies on 06/06/2014 which showed chronic bilateral C5 radiculopathy, bilateral ulnar neuropathy across the elbows, and bilateral median sensory neuropathy at the wrists. In a progress note dated 11/04/2014, the injured worker presented with complaints of neck and upper and mid back pain. The treating physician reported improvement of 50% in low back and right lower extremity pain with right L5-S1 transforaminal epidural steroid injection on 08/28/2014. Utilization Review determination on 01/14/2015 non-certified the request for Senokot-S 8.6/50mg #120, Bilateral L5-S1 Transforaminal Epidural Steroid Injection under Fluoroscopy, and Transportation to and from Surgery Center citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot-S 8.6/50 mg # 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 12/31/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter. Topic: Opioid-induced constipation treatment MedlinePlus.com, Senna

Decision rationale: This patient presents with neck pain and back pain. The treater has asked for SENOKOT-S 8.6/50MG #120 on 11/4/14. According to MedlinePlus, Senokot-S is the tablet form of senna, an herb that is an FDA-approved nonprescription laxative. Medline Plus further states: "It is used to treat constipation and also to clear the bowel before diagnostic tests such as colonoscopy. Senna is also used for irritable bowel syndrome (IBS), hemorrhoids, and weight loss. Not recommended for long term use - or more than two weeks. Longer use can cause the bowels to stop functioning normally and might cause dependence on laxatives." Regarding Opioid-induced constipation treatment, ODG recommends that Prophylactic treatment of constipation should be initiated. ODG states: "As first-line treatment, patient should be advised to increase physical activity, maintain appropriate hydration by drinking enough water, and follow a proper diet, rich in fiber. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool." The patient's work status is not included in the provided documentation. In this case, the patient has a chronic pain condition and is on opiates. MTUS guidelines support laxatives or stool softeners on a prophylactic basis when using opiates. Given the treater's statement that the patient is on opiates, the treater should be allowed the leeway to prescribe a laxative that works for the patient. The requested Senokot-S IS medically necessary.

Bilateral L5-S1 transforminal epidural steroid injection under fluroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: This patient presents with neck pain and back pain. The treater has asked for BILATERAL L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION UNDER FLUROSCOPY on 11/4/14. A prior epidural steroid injection at right L5-S1 on 1/30/14 gave 50% improvement of lower extremity pain for 2 days per 7/15/14 report. The patient states that for the last month, the pain down the right leg has returned, and is slowly increasing per 7/15/14 report. There is no evidence that the patient has a prior lumbar MRI, per review of reports. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient had a

prior lumbar epidural steroid injection at right L5-S1 which gave 50% relief for 2 days, after which the lower extremity pain gradually returned. MTUS guidelines for repeat injections require 50% relief with associated medication usage reduction for 6-8 weeks, which this patient did not show. The requested repeat epidural steroid injection IS NOT medically necessary.

Transportation to and from surgery center: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Transportation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter for Transportation

Decision rationale: This patient presents with neck pain and back pain. The treater has asked for TRANSPORTATION TO AND FROM SURGERY CENTER on 11/4/14. Regarding Transportation to medical visits, ODG guidelines state they are recommended when medically-necessary to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the patient has an antalgic gait and assisted, although on 5/20/14 report, the patient's gait was "unassisted." However, the physical exam does not show any evidence of a neurologic condition that precludes inability to drive, or use public transportation. There is no discussion regarding patient's social situation either. The requested ESI was not recommended for authorization either. The requested transportation to medical appointments IS NOT medically necessary.