

Case Number:	CM15-0170574		
Date Assigned:	09/11/2015	Date of Injury:	01/10/2001
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, 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:

The injured worker is a 48-year-old male, with a reported date of injury of 01-10-2001. The mechanism of injury was the result of lifting four file cabinets weighing 90 pounds each. He developed sharp pain down his left arm. The diagnoses include gastroesophageal reflux disease (GERD), cervical degenerative disc disease, cervical sprain, cervical radiculopathy, C5-6 disc lesion, and status post posterior C5-6 decompression, discectomy, and fusion. Treatments and evaluation to date have included oral medications, topical pain medication, and neck surgery. The diagnostic studies to date have included a urine drug screen on 12-11-2014, 02-23-2015, 04-20-2015, and 05-18-2015; and an MRI of the cervical spine on 03-04-2015 which showed mild broad right apical curvature, disc desiccation and narrowing, and broad left foraminal protrusion with moderate left neural foraminal stenosis. The progress report was dated 07-12-2015 indicates that the injured worker complained of neck pain, which was rated 9 out of 10. The objective findings include cervical flexion at 35 degrees, cervical extension at 30 degrees, cervical right rotation at 55 degrees, cervical left rotation at 55 degrees, cervical right lateral flexion at 25 degrees, and cervical left lateral flexion at 25 degrees. The work status included permanent disability. On 06-11-2015, the injured worker rated his neck pain 10 out of 10. At that time the objective findings included cervical flexion was at 35 degrees, cervical extension was at 40 degrees, cervical right rotation at 60 degrees, cervical left rotation at 60 degrees, cervical right lateral flexion at 20 degrees, and left cervical lateral flexion at 20 degrees. The treating physician requested one bottle of Miralax and a discogram of the cervical spine. On 08-14-2015, Utilization Review non-certified the request for one bottle of Miralax since there was a

recommendation of weaning of Norco due to the absence of qualitative objective measures showing functional improvement or significant pain relief and a discogram of the cervical spine since the guidelines do not recommend discography for the evaluation of neck pain and the absence of significant pathology upon examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax, 1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Opioid induced constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. In this case, Miralax is not a stool softener but rather intended for bowel preparation prior to procedures or for chronic constipation. The progress notes do not indicate and abnormal abdominal /rectal exam nor concern about worsening constipation. The request for Miralax is not medically necessary.

Discrogram, Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) - Discography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter and pg 20.

Decision rationale: According to the guidelines, discography is not recommended due to conflicting evidence. In this case, the claimant had persistent pain in the neck. The claimant had already undergone surgery and invasive procedures. The reason for the discogram was not substantiated. The request is not medically necessary.