

Case Number:	CM15-0072535		
Date Assigned:	04/22/2015	Date of Injury:	02/13/2014
Decision Date:	05/21/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/15/2015

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: Preventive Medicine, Occupational Medicine

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 46 year old male, who sustained an industrial injury on 02/13/2014. He has reported subsequent back and shoulder pain and was diagnosed with lumbar spondylosis, lumbar sprain/strain with radiculitis and shoulder sprain/strain. Treatment to date has included oral pain medication, lumbar epidural steroid injections, TENS unit, physical therapy and chiropractic treatment. In a progress note dated 03/25/2015, the injured worker complained of left shoulder and low back pain with numbness in the posterior legs and weakness of the left leg. Objective findings were notable for tenderness to palpation of the bilateral peroneal musculature, bilateral facet loading, tenderness to palpation of the left shoulder joint line, decreased range of motion with internal and external rotation and positive biceps tendon maneuver. Gastrointestinal examination findings were notable for constipation and heartburn. A request for authorization of Colace for opiate induced constipation and Omeprazole for opiate induced constipation was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Criteria for Use Section Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-Induced Constipation Treatment Section.

Decision rationale: The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is noted be treated with opioid medications, and reports problems with constipation. The request for Colace 100 mg, sixty count is determined to be medically necessary.

Omeprazole 40 mg, thirty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is documentation that this patient has had gastrointestinal events since using NSAIDs. The request for Omeprazole 40 mg, thirty count is determined to be medically necessary.