

Case Number:	CM15-0079194		
Date Assigned:	04/30/2015	Date of Injury:	03/13/2002
Decision Date:	06/04/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/24/2015

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, Massachusetts

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 48 year old male who sustained an industrial injury on 3/13/02. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar radiculopathy. Treatments to date have included oral pain medication, use of a cane, topical patches, and activity modification. According to the most recent clinic note provided on 3/23/15 states that patient's pain is 7/10 pain in the back and lower extremities with medications. There is no mention of side effects with medication. There is no mention of diagnosis of constipation or if there have been attempts at treating prophylactically. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcosoft Cap Herb Lax 30 day supply #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, initiating therapy Page(s): 77. Decision based on Non-MTUS Citation ODG, opioid induced constipation treatment.

Decision rationale: While MTUS does recommend prophylactic treatment for opioid induced constipation, there is no mention on which treatments specifically are appropriate. ODG states that patients treated with opioids should start with first line treatment including increased hydration, physical activity, dietary fiber and over the counter bulking agents. There is no mention in the clinic records reviewed of constipation or diagnosis of constipation related to opioid use. As well there is no mention if first line treatments have been attempted. Consequently first line treatments outlined in the guidelines should be initiated prophylactically; if there continues to be symptoms then a request for prescription laxatives would be appropriate. This request is not medically necessary.