

Case Number:	CM13-0018228		
Date Assigned:	10/11/2013	Date of Injury:	08/17/2006
Decision Date:	01/21/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services.

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 patient is a 46-year-old male with a reported date of injury on 08/17/2006. The patient presented with pain in the low back and legs, tenderness to palpation at the C3-4 level, tenderness to palpation at the T5-6 level, and tenderness to palpation at the L5-S1 level, decreased left lower extremity and decreased right lower extremity strength, spasms in the bilateral lumbar spine. The patient had no evidence of sensory loss, deep tendon reflexes in the upper and lower extremities were normal bilaterally, posture was normal, and gait was normal. The patient had diagnoses including pain in the pelvic region and thigh, lumbago, thoracic/lumbosacral neuritis/radiculitis, postlaminectomy syndrome lumbar region, intervertebral lumbar disc d/o with myelopathy lumbar region, degenerative lumbar/lumbosacral intervertebral disc. The provider's treatment plan consisted of a request for Xodol 10/300 mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xodol 10/300mg #240 (Retro): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

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

Decision rationale: The California MTUS guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose should be prescribed to improve pain and function. Provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The Millennium Radar lab report dated 06/20/2013 revealed the patient's urine was positive for hydromorphone, hydrocodone, norhydrocodone, and Meprobamate; the results were consistent with the patient's prescribed medication regimen. It was noted the patient's pain without medications was 10/10, with medications it as 6/10, and on the date of the evaluation, it was 7/10 to 8/10. The provider noted the medications prescribed were keeping the patient functional, allowing for increased mobility, and tolerance of activities of daily living, and home exercises. The patient had side effects of dry mouth and constipation. It was noted the patient was prescribed Senna but it had not helped with his constipation at all and the patient reported not having a bowel movement in 5 days. The patient was also utilizing a pain pump with Dilaudid 7.2 mg per 24 hour period, and Clonidine at 216 mcg per day. The patient was also prescribed Nucynta 75 mg 1 every 6 hours as needed for severe pain, and Amitiza 24 mcg 1 twice daily as needed. The provider noted the patient was prescribed Nucynta as he had side effects, particularly severe constipation with other opiate therapy and the provider was hoping the patient would be allowed to utilize Nucynta for breakthrough pain. The provider changed the patient's medication regimen due to the side effect of constipation; therefore, the request for Xodol 10/300 mg #20 is neither medically necessary nor appropriate.