

Case Number:	CM13-0019814		
Date Assigned:	11/08/2013	Date of Injury:	06/05/2002
Decision Date:	08/07/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 57 year-old with a date of injury of 06/05/02. A progress report associated with the request for services, dated 07/31/13, identified subjective complaints of neck, back, and shoulder pain. Objective findings included tenderness to palpation of the cervical and lumbar spines with decreased range-of-motion. Motor function was normal. Sensation was decreased in the lower extremities. Diagnoses included post cervical laminectomy syndrome; lumbar disc disease with radiculopathy; and mood disorder. Treatment has included oral analgesics, laxatives, and NSAIDs. A Utilization Review determination was rendered on 09/09/13 recommending non-certification of Norco 10/325 mg #45; Bisacodyl 5mg #15 with 5 refills; Miralax #2 with 5 refills; Voltaren gel #3 with 1 refill; and Colace 100 mg #60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain.

Decision rationale: Norco 10/325 is a combination drug containing acetaminophen and the opioid hydrocodone. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate 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 state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited. Additionally, There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007). The MTUS Guidelines further state that opioid therapy is not recommended for the low back beyond 2 weeks. The patient has been on Norco in excess of 16 weeks. The Official Disability Guidelines (ODG) state: While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration. Therapy with Norco appears to be ongoing. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, the record does not demonstrate medical necessity for Norco.

BISCODYL 5MG #15 WITH 5 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Guidelines, Management of Opioid Therapy for Chronic Pain Working Group. pg. 159.

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

Decision rationale: Bisacodyl (Dulcolax) is a stimulant-type laxative. Overuse may cause diarrhea, and/or electrolyte abnormalities. Long-term use may also result in laxative dependence. Daily use should be monitored periodically. The Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) recommend prophylactic treatment of constipation with the initiation of opioids. The non-certification was based upon lack of documentation for the efficacy of the laxative use in this patient. However, the record states that he was taking his prescriptions as prescribed, that they were working well, and that there were no side-effects. Therefore, with the long-term use of opioids in this patient, there is documented medical necessity for Bisacodyl (Dulcolax).

MIRALAX #2 WITH 5 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Miralax is an osmotic-type laxative. Overuse may cause diarrhea, and/or electrolyte abnormalities. Long-term use may also result in laxative dependence. Daily use should be monitored periodically. The Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) recommend prophylactic treatment of constipation with the initiation of opioids. The no medical necessity was based upon lack of documentation for the efficacy of the laxative use in this patient. However, the record states that he was taking his prescriptions as prescribed, that they were working well, and that there were no side-effects. Therefore, with the long-term use of opioids in this patient, there is documented medical necessity for Miralax.

VOLTAREN GEL #3 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren (diclofenac) is an NSAID being used as a topical analgesic. The MTUS Guidelines note that the efficacy of topical NSAIDs in clinical trials has been inconsistent and most studies are small and or short duration. Recommendations primarily relate to osteoarthritis where they have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. They are indicated for relief of osteoarthritis pain in joints that lend themselves to treatment (ankle, elbow, foot, hand, knee, and wrist). In neuropathic pain, they are not recommended as there is no evidence to support their use. The Official Disability Guidelines (ODG) also does not recommend them for widespread musculoskeletal pain. The only FDA approved topical NSAID is diclofenac. In this case, there is no documentation of the failure of conventional therapy or documented functional improvement for the medical necessity of Voltaren (Diclofenac) as an NSAID topical agent.

COLACE 100 MG #60 WITH 5 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Guidelines, Management of Opioid Therapy for Chronic Pain Working Group. pg. 159.

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

Decision rationale: Colace (docusate) is a stool softener-type laxative. The Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) recommend prophylactic treatment of constipation with the initiation of opioids. The no medical necessity was based upon lack of documentation for the efficacy of the laxative use in this patient. However, the record states that he was taking his prescriptions as prescribed, that they were working well, and that there were no side-effects. Therefore, with the long-term use of opioids in this patient, there is documented medical necessity for Colace (Docusate).