MAXIMUS Federal Services

Case Number:	CM13-0024492		
Date Assigned:	11/20/2013	Date of Injury:	08/31/1995
Decision Date:	01/08/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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. 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:

72 year old female with injury from 8/31/95. The patient's diagnosis per treating physician reports include lumbar radiculopathy, spinal stenosis, foot pain, spasms of muscle, hip pain, low back pain and wrist pain. 8/21/13 report by [redacted] shows that the patient has 7/10 pain in neck, lower back and bilateral feet. Pain has intensified since recent MVA. Medications are working well, has constipation which is improved with Citrucel. Medications include Methadone 70mg per day, Soma bid and Ambien Cr, colace, snokot, Citrucel. The patient is also on Terocin lotion and another combination topical cream. It appears that the patient has tried a number of different laxatives in the past including fleet enema. MRI of L-spine from 4/4/11 showed anterolisthesis L3-4, disc bulges/tiny protrusions at multiple levels, along with degeneration of the discs. Under discussion, the treating physician states, "She still has pain symptoms on a continuous basis, but they are alleviated somewhat by current meds." "She reports pain medication continues to work well." Patient previously trialed tapering Methadone in 2012 but unable to do so due to increased pain, without meds unable to tolerate simple activities such as sitting in a car. On current dose of Methadone, she is able to tolerate her ADLs and remain independent. 11/6/13 report by [redacted] has identical statement regarding Methadone. The patient was in early by one week by mistake and has one week of meds. Pain levels were at 5/10. The 11/20/13 report by [redacted] has similar information. Activity level has decreased, no new injury, pain at 8/10. The 7/24/13 report by [redacted] indicates that the patient's Methadone is decreased from #210 to #196, or 7/day. Pain is somewhat alleviated by meds. "Pain medication regime is helpful to decrease patient's pain and increase functional status."

IMR ISSUES, DECISIONS AND RATIONALES

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

Citrucel 500 mg #120 with two (2) refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C Management of Constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Section.

Decision rationale: Prophylactic treatment of constipation is recommended for opiate use. This patient has documented constipation and use of Citrucel appears reasonable. MTUS supports this since this patient has been on opiates.

Soma 350 mg #30 with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Section Page(s): 29.

Decision rationale: Soma is not recommended for chronic pain per MTUS. It is not indicated for a long-term use. Review of the medical reports show that this patient has been on Soma for quite some time. Recommendation is for denial per MTUS.

Methadone HCL 10 mg #196: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Section Page(s): 88-89.

Decision rationale: The treating physician states in his reports that the patient's pain and function improved from the use of opiates. However, the treating physician's documentation is far short of what is required for on-going use of opiates and documentation of outcome measures. The California MTUS requires, under "outcome measure", 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. The treating physician does not provide any of these measures. Furthermore, under chronic use of opioids, MTUS requires validated numerical functional measure at least every six months. Review of the treating physician's report from July 2013 through November 2013 shows that all of the pain and functional assessment descriptions are nearly identical without a validated numerical functional

assessment. The treating physician does not provide before and after pain measures, for example, and any of the validated functional measures to adequately assess effectiveness of the opiate use. Careful review of the reports also indicates that the patient is not doing very well with increased pain during every visit, functional compromises such as pain with sitting. One cannot tell that the chronic use of Methadone has done much for this patient. Given the lack of appropriate documentation to show pain and functional improvement as required by MTUS, recommendation is for denial of the requested opiate use.