

Case Number:	CM13-0037730		
Date Assigned:	12/18/2013	Date of Injury:	08/13/2004
Decision Date:	04/21/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine & Rehabilitation and Pain Management; 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 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 42-year-old male with date of injury of August 13, 2004. Per the treating physician's report of October 11, 2013, the listed diagnoses are: (1) Low back pain, (2) Status post anterior fusion at L3 to L5, (3) L2-L3 disk herniation with right L2 radiculopathy, (4) L5-S1 disk herniation with left L5 radiculopathy, (5) Failed back surgery syndrome. Under subjective complaints, this patient is depressed due to denial of all medications. He reports difficulty with his bladder, chronic constipation requiring polyethylene glycol for bowel movement. The patient has similar symptoms with constant low back pain, which is also radiating from the lower thoracic spine through both legs through both buttocks, down back both legs, and down the front of both legs. Current medication can help the pain level down to a 7/10 and he has been paying for all his medications by himself causing significant financial stress. The patient is crying in the office about his stress and conditions. Current listed medications are OxyContin 40mg (every 8 hours), Flexeril 10mg (twice a day), Xanax 1mg (3 times a day), Prilosec 20mg (once a day) and Viagra 100mg. The patient was prescribed Theramine to reduce pain and inflammation affecting the low back, and also Sentra PM to decrease symptoms of mood disorder, depression, and insomnia. The patient was to continue polyethylene glycol for constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OXYCONTIN 40MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin® (oxycodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This patient presents with chronic low back pain with history of lumbar fusion from L3 to S1, with disk herniations at L2-L3 and L5-S1. The patient has been on OxyContin 40mg, Three (3) times a day for quite sometime. Reports were reviewed from February 07, 2013 to October 11, 2013. Each one of these reports indicates that the patient is prescribed OxyContin 40mg to be taken three (3) times a day. The California MTUS Guidelines require certain documentations of chronic opiate use. The California MTUS Guidelines require documentation of pain level and function compared to baseline when chronic opiates are used. It also requires numeric scale, documentation of function or use of validated instrument. Outcome measures required including current pain level, least pain level, average pain level, time it takes for medication to work and duration of relief from use of medication, et cetera. The California MTUS Guidelines emphasizes the importance of documentation of the 4As including analgesia, activities of daily living, adverse effects, adverse behavior. For the patient, reports reviewed from February 07, 2013 to October 11, 2013 do not have a single documentation of the patient's function as related to the use of OxyContin. There is a repeated statement stating that the patient's pain level goes from 10/10 to 7/10 with use of medication. However, each of the reports indicates that the patient has pain that is worse with activities but does not mention who the use of OxyContin has helped this patient's level of activity and increased his level of function. There is no discussion regarding patient's ability to return to work and significant improvement in patient's ability to perform activities of daily living, and quality of life. None of the outcome measures discussed in the California MTUS Guidelines are listed. Without these specific documentations, ongoing opiate use cannot be supported per the California MTUS Guidelines. Therefore, the recommendation is for non-certification.

PRESCRIPTION OF XANAX 1MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with chronic low back pain with history of lumbar fusion from L3 to L5. The treating physician has prescribed Xanax to be taken three (3) times a day for quite some time, at least from March 05, 2013 when the patient started being treated by [REDACTED]. The California MTUS Guidelines have very specific discussion regarding the use of benzodiazepines for chronic pain. It states that it is not recommended for long term use. If it is used, it is recommended for limited use, no more than 2 to 3 weeks. In this patient, the treating physician has been prescribing this medication since March 05, 2013 without any documentation that this is to be used for short term. There is also lack of any discussion as to whether or not this

medication has done anything for this patient. Therefore, the recommendation is for non-certification.

PRESCRIPTION OF PRILOSEC 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal reglux disease (GERD), Ann Arbor (MI), 2012 May, 12p.

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

Decision rationale: This patient presents with chronic low back pain. The treating physician has prescribed Prilosec for this patient. Multiple reviews of the reports from 2013 showed that this patient has struggled with various different kinds of NSAIDs. There is not a single report discussing the effectiveness of Prilosec. The patient has not been on any NSAIDs for quite some time due to stomach irritation from various NSAIDs. The California MTUS Guidelines do not support the use of Prilosec unless GI risk assessment is provided for patients that are on chronic NSAID therapy. GI assessment risk factors include: (1) Age greater than 65, (2) History of peptic ulcer, GI bleed, or perforation, (3) Concurrent use of aspirin and corticosteroid. For this patient, the treating physician does not explain why the patient continues to take Prilosec when the patient is no longer taking any NSAIDs. None of the reports describes ongoing gastric problems or any other GI issues that may warrant use of Prilosec. Therefore, the recommendation is for non-certification.

PRESCRIPTION OF VIAGRA 100MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wespes E, Amar E, Eardley F, Giuliano F, Hatxichristou D, Hatzimouratidis K, Montorsi F, Vardi Y, Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. Arnhem, The Netherlands: European Association of Urology (EAU); 2009 Mar. 50p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: AETNA CLINICAL POLICY BULLETIN: ERECTILE DYSFUNCTION NUMBER:0007

Decision rationale: This patient presents with chronic low back pain. The treating physician prescribed Viagra. However, review of the reports from February 07, 2013 to October 11, 2013 does not mention anything regarding this patient's erectile dysfunction. The California MTUS/ACOEM Guidelines and the Official Disability Guidelines do not discuss Viagra. However, Aetna Guidelines require comprehensive history, examination and a Duplex scan in conjunction with intracorporeal papaverine, among other evaluations, for a diagnostic workup of erectile dysfunction. It also does not list Viagra as one of the treatments accepted for erectile dysfunction particularly without a proper workup. In this case, there are no discussions regarding

erectile dysfunction. There are no laboratory studies and no examinations to determine if the patient has erectile dysfunction, requiring treatment. Therefore, the recommendation is for non-certification.

PRESCRIPTION OF THERAMINE #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Theramine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) THERAMINE.

Decision rationale: This patient presents with chronic low back pain with history of lumbar fusion at L3 to S1. The treating physician has prescribed Theramine, which is a medical food. The California MTUS Guidelines and ACOEM do not discuss Theramine; but the Official Disability Guidelines state that this is "not recommended". It is intended for use and management of pain syndromes, but there was no high quality peer-reviewed literature that suggests that this medical food is indicated. Given the lack of guidelines support, recommendation is for non-certification.

PRESCRIPTION OF SENTRA PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Sentra PM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Sentra PM.

Decision rationale: This patient presents with chronic low back pain. The treating physician has prescribed Sentra PM to help this patient's insomnia. Sentra PM contains choline bitartrate, glutamate and 5-hydroxytryptophan; it also contains antioxidants and amino acid. The California MTUS Guidelines and ACOEM do not discuss Sentra PM. However, the Official Disability Guidelines discuss various compounds found in this product. Choline is a precursor of acetylcholine. The ODG states, "There is no known medical need for choline supplementation except for the case of long term parenteral nutrition or for individual with choline deficiency secondary to liver deficiency." Given that choline, which is one of the ingredients found in Sentra PM, is not supported by the ODG, recommendation is for non-certification.

1 PRESCRIPTION OF POLYETHYLENE GLYCOL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Opioid Therapy for Chronic

Pain Working Group. VA/DoD Clinical practice guideline for management of opioid therapy for chronic pain. Washington (DC): Department of Veterans Affairs, Department of Defense; 2010 May. 159p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: This patient presents with chronic low back pain. The patient has been struggling with constipation due to chronic use of medications. The California MTUS Guidelines do support the use of prophylactic constipation medication when patients are taking opiates. In this case, the patient has been on OxyContin for a long time struggling with constipation. Polyethylene glycol, a medication used to treat constipation, is appropriate and recommendation is for authorization.