

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0037874 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 11/07/1993 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 10/14/2013 |
| 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 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 63 year-old male sustained an injury on 11/7/93 while employed by the [REDACTED]. Report of 8/19/13 from the provider noted the patient with complaints of constant headaches 8/10 pain scale ratio; constant radiating neck pain into the upper extremities rated at 7-8/10; and constant low back pain radiating into the lower extremities at 8-9/10. Exam findings noted lumbar range limited in flex/ext/lateral flexion at 40/10/15 degrees; positive straight leg rise bilaterally; tender hypertonic lumbar spine with muscle spasm. Previous conservative treatment has included medications, physical therapy, and acupuncture along with surgical intervention. Per the California Medical Treatment Utilization Schedule (MTUS) Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The California Medical Treatment Utilization Schedule (MTUS) provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent

severe pain. The one prescription of Percocet 10/325 MG #30 is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #30: Upheld

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

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

Decision rationale: This 63 year-old male sustained an injury on 11/7/93 while employed by the [REDACTED]. Report of 8/19/13 from the provider noted the patient with complaints of constant headaches 8/10 pain scale ratio; constant radiating neck pain into the upper extremities rated at 7-8/10; and constant low back pain radiating into the lower extremities at 8-9/10. Exam findings noted lumbar range limited in flex/ext/lateral flexion at 40/10/15 degrees; positive straight leg rise bilaterally; tender hypertonic lumbar spine with muscle spasm. Previous conservative treatment has included medications, physical therapy, and acupuncture along with surgical intervention. Per the California Medical Treatment Utilization Schedule (MTUS) Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There Final is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The California Medical Treatment Utilization Schedule (MTUS) provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The one prescription of Percocet 10/325 MG #30 is not medically necessary and appropriate

SENTRA (DURATION, FREQUENCY, AND DOSAGE UNKNOWN): Upheld

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

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

Decision rationale: This 63 year-old male sustained an injury on 11/7/93 while employed by the [REDACTED]. Report of 8/19/13 from the provider noted the patient with complaints of constant headaches 8/10 pain scale ratio; constant radiating neck pain into the upper extremities rated at 7-8/10; and constant low back pain radiating into the lower extremities at 8-9/10. Exam findings noted lumbar range limited in flex/ext/lateral flexion at 40/10/15 degrees; positive straight leg rise bilaterally; tender hypertonic lumbar spine with muscle spasm. Previous conservative treatment has included medications, physical therapy, and acupuncture along with surgical intervention. Sentra is a medical food supplement in alternative medicine. California Medical Treatment Utilization Schedule (MTUS) is silent on its use; however, Official Disability Guidelines (ODG) states to be considered, the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Based on a review of the available medical reports, there is no evidence to suggest that this patient has any type of condition to warrant the investigational use of this supplement. Sentra is not medically necessary and appropriate. The provider has not provided any documentation of medical necessity consistent with evidence-based, peer-reviewed, nationally recognized treatment guideline for Senna or any other alternative supplements. Absent medical necessity, certification cannot be granted. The one prescription of Sentra duration, frequency, and dosage unknown is not medically necessary and appropriate.