

Case Number:	CM13-0047310		
Date Assigned:	12/27/2013	Date of Injury:	12/27/1999
Decision Date:	03/24/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/01/2013

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 Pain Medicine and is licensed to practice in Texas. 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:

The patient is a 57-year-old female who reported an injury on 12/27/1999. The mechanism of injury was not specifically stated. The patient is currently diagnosed with post lumbar laminectomy syndrome. The patient was recently evaluated by [REDACTED] on 12/13/2013. The patient reported lower backache and bilateral lower extremity pain rated 10/10. Physical examination revealed an antalgic gait, lost of normal lordosis, restricted range of motion, paravertebral muscle spasm with tenderness and tightness, positive Faber testing, tenderness to palpation over the right greater trochanter, and intact sensation. Treatment recommendations included a refill of current medications including Duragesic patch, Tegaderm dressing, Percocet, Neurontin, Lidoderm, Paxil and Wellbutrin, Miralax, Bisacodyl, and Senna-S, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients with intermediate or high risk for gastrointestinal events. Patients with not risk factor and no cardiovascular disease do not require the use of a proton pump inhibitors, even in addition to a nonselective NSAID. There is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.

Bisacodyl 5 mg: Upheld

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 Chapter, Opioids Section

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when initiating opioid therapy. The Official Disability Guidelines (ODG) state treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, there is no evidence of chronic constipation. The medical necessity for 3 separate gastrointestinal medications including Miralax, Bisacodyl, and Senna-S has not been established. There is also no evidence of a failure to respond to first line therapy as recommended by Official Disability Guidelines. Based on the clinical information received, the request is non-certified.

Senna-S: Upheld

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 Chapter, Opioids Section

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when initiating opioid therapy. The Official Disability Guidelines (ODG) state treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, there is no evidence of chronic constipation. The medical necessity for 3 separate gastrointestinal medications including Miralax, Bisacodyl, and Senna-S has not been established. There is also no evidence of a failure to respond to first line therapy as recommended by Official Disability Guidelines. Based on the clinical information received, the request is non-certified.

Miralax: Upheld

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 Chapter, Opioids Section

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when initiating opioid therapy. The Official Disability Guidelines (ODG) state treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, there is no evidence of chronic constipation. The medical necessity for 3 separate gastrointestinal medications including Miralax, Bisacodyl, and Senna-S has not been established. There is also no evidence of a failure to respond to first line therapy as recommended by Official Disability Guidelines. Based on the clinical information received, the request is non-certified.

Paxil 50 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. As per the documentation submitted, the patient has continuously utilized this medication. Documentation of objective functional improvement has not been provided. The patient also utilizes Wellbutrin XL. The medical necessity for 2 separate antidepressants has not been established. Based on the clinical information received, the request is non-certified.

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing

use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

Zanaflex 4 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination continues to demonstrate paravertebral muscle spasm, tenderness and tightness. As guidelines do not recommend long term use of this medication, the current request is not medically appropriate. Therefore, the request is non-certified.

Tegaderm dressing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncmedical.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment Section

Decision rationale: The Official Disability Guidelines (ODG) state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The patient currently utilizes a Tegaderm dressing over the Duragesic patch. However, as the patient's Duragesic patch has not been authorized, the current request for a Tegaderm dressing is also not medically necessary. Therefore, the request is non-certified.

Lidoderm 5% patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidocaine is indicated for localized peripheral pain after a trial of first line therapy. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of a satisfactory response to treatment. Therefore, the request is non-certified.

Duragesic 75 mcg/hr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44 and 74-82.

Decision rationale: The California MTUS guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

MS Contin 60 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

Amitiza: Upheld

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 Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids Section

Decision rationale: The California MTUS guidelines state prophylactic treatment of constipation should be initiated when initiating opioid therapy. Official Disability Guidelines state treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, the patient's prescription for Amitiza was discontinued on 10/24/2013 secondary to ineffectiveness. Therefore, the request is non-certified.

Wellbutrin XL 300 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. As per the documentation submitted, the patient has continuously utilized this medication. Documentation of objective functional improvement has not been provided. The patient also utilizes Paxil. The medical necessity for 2 separate antidepressants has not been established. Based on the clinical information received, the request is non-certified.