

Case Number:	CM13-0053651		
Date Assigned:	01/15/2014	Date of Injury:	04/24/2000
Decision Date:	06/13/2014	UR Denial Date:	11/09/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine 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 is a 69 year old male has reported low back, shoulder, hip and knee pain after an injury on 04/24/00. The diagnoses have included disk degeneration, degenerative joint disease, carpal tunnel syndrome, and many other conditions that are presumably non-industrial. The AME noted a history of alcoholism and IV drug addiction. Treatment has included chronic, high potency opioids, injections, and spine surgery. The current treating physician has been prescribing Norco 10, 4 per day, and Methadone 10 mg 4 times a day in 2011. In 2012 the Norco was increased to #140 per month at the patient's request. Medications have reportedly kept the injured worker functional with activities of daily living. The treating physician has stated that there is a pain contract, negative urine drug screens, and no evidence of opioids prescribed by other physicians. Function is addressed at each visit. The treating physician has noted a lack of success with attempts at weaning. On 4/17/13 the opioids were refilled early due to loss of medications from nausea. Miralax is reportedly used occasionally. Medical reports throughout 2012 and 2013 were reviewed, and show stable prescribing, consistent and thorough evaluation by the treating physician, and consistent evaluation of function. The episode of nausea was the only aberrant episode in the medical records. On 11/9/13, Utilization Review non-certified Miralax, and gave a modified certification for Norco and methadone. Miralax was non-certified as other laxatives were recommended for long term use. Norco was certified for weaning purposes. Methadone was certified in a smaller quantity while Norco was weaned.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) PRESCRIPTION OF MIRALAX #1 BOTTLE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternative Guidelines have been consulted.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy with opioids (d) Prophylactic treatment of constipation Page(s): 3, 77.

Decision rationale: The MTUS recommends using laxatives when prescribing opioids, per the above citation. No specific laxative is recommended. The FDA has not approved Miralax for long term use, but it is often used off-label for this purpose. The Official Disability Guidelines note evidence that longer term use is safe. There is no evidence of untoward effects from chronic use for this injured worker. The treating physician has noted efficacy for this injured worker, lack of side effects, and occasional use only. Given the lack of specific contraindications, need for laxatives while taking opioids, and lack of specific side effects for this injured worker, the Utilization Review decision is overturned and the Miralax is medically necessary.

NORCO 10/325MG #140: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management;Opioids, steps to avoid misuse/addiction;Methadone Page(s): 77-81, 94, 62.

Decision rationale: According to the MTUS, opioids should be prescribed according to function, with specific functional goals, return to work or other specific functions, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The treating physician has provided consistent documentation of functional measures, maintenance of function in this retired person, lack of tolerance of weaning, lack of aberrant behavior, and a treatment plan consistent with the MTUS recommendations. The Utilization Review decision is overturned, as there is adequate evidence that opioids help maintain function, and that opioids are prescribed according to the MTUS criteria.

METHADONE 10MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management;Opioids, steps to avoid misuse/addiction;Methadone Page(s): 77-81, 94, 62.

Decision rationale: According to the MTUS, opioids should be prescribed according to function, with specific functional goals, return to work or other specific functions, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The treating physician has provided consistent documentation of functional measures, maintenance of

function in this retired person, lack of tolerance of weaning, lack of aberrant behavior, and a treatment plan consistent with the MTUS recommendations. The Utilization Review decision is overturned, as there is adequate evidence that opioids help maintain function, and that opioids are prescribed according to the MTUS criteria, therefore the request is medically necessary.