MAXIMUS Federal Services

Case Number:	CM13-0054331		
Date Assigned:	12/30/2013	Date of Injury:	09/03/2003
Decision Date:	03/24/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/19/2013

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 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:

The patient is a 48-year-old male who reported injury on 09/03/2002. The mechanism of injury was noted to be the patient was carrying a table side by side with his boss down a flight of stairs and the patient slipped and twisted his back and had immediate pain. The physical examination revealed the patient had motor strength that was decreased in hip flexion and left leg extension compared to the right lower extremity. The sensations were noted to be decreased to light touch along the left lateral thigh compared to the right lower extremity. Range of motion of the lumbar spine was noted to be decreased. The patient had mild tenderness to palpation at the lumbosacral joint. The patient tried reducing the Norco but got severe pain and felt very anxious with the reduction of the tablet. The patient was noted to be taking 5 tablets of Norco per day and the physician opined the patient should be allowed to take the medication for breakthrough pain. There was noted to be no abuse, diversion or escalation of the medication. The patient was taking Fortesta 10 mg/0.5 g/activation gel pump. The patient had a history of low testosterone of 146 in 2012, with normal being 250 to1100 ng/dL and testosterone was 16.9 with normal being 35.0 to 155.0 pg/mL. The patient was noted to have to take medications just to get out of bed and it was indicated the patient's medications helped him significantly with his pain and the patient was able to do activities of daily living after taking the medications. The patient's pain level remained a 4/10 to 4.5/10 on the pain scale with medication. The patient's medications were noted to be Dulcolax 5 mg take 1 tablet as needed if no bowel movement for 3 days, Baclofen 10 mg take 1 tablet every 8 hours, Colace 100 mg take 1 every 12 hours, Fortesta 10 mg gel pump 10 mg/0.5 g/actuation apply 1 pump to each inner thigh daily and OxyContin 40 mg tablets 1 tablet every 6 hours, gabapentin tablets 600 mg 1 tablet twice a day and hydrocodone/APAP 10/325 one to 2 tablets every 8 hours for pain not to exceed 5 per day. The patient's diagnoses were noted to include lumbar disc displacement without myelopathy, neuritis lumbosacral NOS, therapeutic

drug monitor, long term use of meds NCC, status post lumbar fusion L4-S1, status post lumbar laminectomy, chronic pain syndrome, adjustment disorder with mixed anxiety and depressed mood, pain psychogenic NEC, and unspecified major depression recurrent episode. Prescriptions were written for OxyContin 40 mg tablets 1 tablet every 6 hours quantity 120, hydrocodone/APAP 10 per 325 one to 2 tablets every 8 hours for pain not to exceed 5 per day quantity 150 and gabapentin 600 mg 1 twice a day quantity 60. The treatment plan was noted to be cognitive behavioral therapy and a home exercise program, gabapentin for nerve pain, OxyContin for around the clock pain relief and Norco for breakthrough pain, Fortesta, Dulcolax, Baclofen and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dulcolax 5mg: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that prophylactic treatment of constipation should be initiated for patients on opioids. There was a lack of documentation of the efficacy of the requested medication. Additionally, there was a lack of documentation per the submitted request for the quantity of medication being requested. Given the above, the request for Dulcolax 5mg is not medically necessary at this time.

Baclofen: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of chronic low back pain. Clinical documentation submitted for review failed to indicate the patient was having muscle spasms. Additionally, there was a lack of documentation indicating a necessity for long term use. There was a lack of documentation per the submitted request for the quantity of medications being requested. Given the above, the request for Baclofen is not medically necessary at this time.

Colace 100mg: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that prophylactic treatment of constipation should be initiated for patients on opioids. There was a lack of documentation of the efficacy of the requested medication. Additionally, there was a lack of documentation per the submitted request for the quantity of medication being requested. Given the above, the request for Colace 100 mg is not medically necessary at this time.

Fortesta 10mg gel pump: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

Decision rationale: The California MTUS guidelines indicate that Testosterone replacement for hypogonadism is recommended for documented low testosterone levels. Clinical documentation submitted for review indicated that on 10/12/2012 the patient had decreased testosterone. There was a lack of documentation indicating the patient had current low testosterone levels. Additionally, there was a lack of documentation indicating the quantity of medication being requested. Given the above, the request for Fortesta 10 mg gel pump is not medically necessary at this time.

OxyContin 40mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines indicate that opioids are appropriate in the treatment of chronic pain. There should be documentation of a decrease in the VAS pain score, objective functional improvement, monitoring for aberrant drug taking behavior, and adverse side effects. Clinical documentation submitted for review indicated that the patient had no documented issues of abuse or diversion. The patient indicated that his pain level was a 4/10 to 4.5/10 on a VAS pain scale with medication. However, there was a lack of documentation of the patient's pain level prior to taking the medication to support an objective decrease in the pain level. There was a lack of documentation of objective functional improvement as the patient indicated that he was able to do activities of daily living. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request of OxyContin 40 mg is not medically necessary at this time.

Gabapentin 600mg: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that antiepileptic drugs are appropriate for the treatment of chronic neuropathic pain. Clinical documentation submitted for review indicated the patient was taking the medication for neuropathic pain. The patient indicated he had chronic low back pain with occasional radicular symptoms in the bilateral lower extremities. There was a lack of documentation of the objective functional benefit of the medication. Additionally, the request as submitted failed to indicate a quantity of medication being requested. Given the above, the request of gabapentin 600 mg is not medically necessary at this time.