

<b>Case Number:</b>	CM13-0063448		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	06/05/2002
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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:

The patient is a 73 year old male who was injured in 6/5/2002. The diagnoses are low back pain, post laminectomy back syndrome, myofascial pain and spinal stenosis. The associated diagnoses are sleep disorder and mood disorder. On 3/12/2014, [REDACTED] noted that the pain score was 3/10 with medications and 8/10 without medications. The patient was already doing home and pool exercise therapy. The medications listed are Norco and Neurontin for pain, Colace and Dulcolax for prevention of opioid induced constipation. The patient is also utilizing Voltaren gel and Lidoderm prescribed by [REDACTED]. A Utilization Review determination was rendered on 11/5/2013 recommending non certification for renewal of Gym membership for 1 year, UDS and modified certification for Norco 10/325mg #120 2 refills, Neurontin 300mg #60 2 refills, Colace 100mg #120 2 refills and Dulcolax 10mg #30 2 refills

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RENEWAL OF GYM MEMBERSHIP FOR ONE YEAR: 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), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,46-47,98-99.

**Decision rationale:** The CA MTUS addressed the use of physical therapy in the treatment of chronic musculoskeletal pain. A Gym based exercise program cannot be effectively monitored by the treating medical provider for effectiveness, compliance and progress. The guideline recommends progression to a home exercise program after completion of the initial physical therapy treatment. The record indicate that the patient is already participating in a home based and pool exercise program. The patient did not meet the indications for renewal of 1 year of gym membership.

**NORCO 10/325MG #120 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE OF OPIOIDS.

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

**Decision rationale:** The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids could be utilized for short term treatment of severe pain during acute injury and periods of exacerbatation of chronic pain that is non responsive to standard NSAIDs, physical therapy and exercise. The required documentation during chronic opioid therapy should include compliance monitoring such as Pain Contract, UDS, and absence of aberrant behavior and improvement of ADL / functional restoration. The records indicate that the patient have been utilizing opioids since 2006. The criteria for continuation of treatment with Norco 10/325mg #120 2 refills was not met.

**NEURONTIN 300MG #60 WITH 2 REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE OF OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16,22.

**Decision rationale:** The CA MTUS addressed the use of antiepileptic medications in the treatment of chronic pain. Gabapentin is indicated as a first line medication for the treatment of neuropathic pain and have been shown to be also beneficial for non neuropathic pain. The use of gabapentin could lead to significant improvement in pain associated symptoms such as mood and sleep disorder. The record indicate that the patient reported 70% reduction in pain with the use of Neurontin. The criteria for continuation of treatment with Neurontin was met.

**COLACE 100MG #120 WITH 2 REILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

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

**Decision rationale:** The CA MTUS addressed the use of medications for the prevention and treatment of opioid induced constipation. The long term use of opioids is associated with significant adverse effects including delay in gastrointestinal motility and constipation. The guideline recommends strategies for minimizing constipation which includes increased fluid intake, dietary fibres, adequate exercise and when necessary the use of laxatives. The record indicate that the patient has been utilizing Colace and Dulcolax for many years. The opioid medication is being weaned. The criteria for continual use of Colace was not met.

**DULCOLAX 10MG #30 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

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

**Decision rationale:** The CA MTUS addressed the use of medications for the prevention and treatment of opioid induced constipation. The long term use of opioids is associated with adverse effects including decrease in gastrointestinal motility and constipation. The patient was utilizing both Colace and Dulcolax medications. The opioid is now being weaned. The criteria for continual use of Dulcolax was not met.

**URINE DRUG TEST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43,74-80.

**Decision rationale:** The CA MTUS addressed the monitoring measures necessary during chronic opioid treatment. The guideline recommend urine drug testing for all patients during initiation of chronic opioid treatment, at termination, randomly at a frequency of 2 to 4 times a year and for 'cause' or red flag behavior suggestive of opioid abuse or misuse. The record did not indicate that these criteria was met. The opioid medication is in the process of being weaned. The criteria for UDS test was not met.