

Case Number:	CM14-0008086		
Date Assigned:	02/12/2014	Date of Injury:	02/17/2009
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, myofascial pain syndrome, and chronic low back pain reportedly associated with cumulative trauma at work between the dates of February 17, 2008 through February 17, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; dietary supplements/alternative treatments; opioid therapy; earlier lumbar fusion surgery; and subsequent spinal cord stimulator implantation. In a Utilization Review Report dated January 3, 2014, the claims administrator denied a request for gabapentin, Senna, Colace, Restone, and Motrin. In an appeal letter dated February 6, 2014, the attending provider notes that the applicant has chronic low back pain issues status post earlier failed fusion surgery and failed spinal cord stimulator implantation. The attending provider stated that intrathecal pain pump and intrathecal morphine were recommended by the applicant's Agreed Medical Evaluator (AME). Authorization was also sought for gabapentin to reduce the applicant's neuropathic pain complaints, along with butalbital and MS Contin. In a progress note dated December 17, 2013, the applicant presented with 8-10/10 low back pain. The applicant was reportedly limited and constrained in terms of numerous activities of daily living, including self-care, personal hygiene, ambulating, and sleep. The applicant was given prescriptions for Neurontin, Senna, Restone, Motrin, orphenadrine, butalbital, Tramadol, and Protonix. It was stated that these medications represented refills of previously prescribed prescriptions. The applicant exhibited a slow gait with usage of a cane in the clinic setting and severely limited lumbar range of motion. A trial for an intrathecal pain pump was sought. On November 26, 2013, the attending provider stated that the applicant's pain control was 9/10 with medication and 10/10 pain without medications. The applicant was pending an intrathecal pain pump, it was stated. The applicant was again limited in terms of numerous activities of daily living, including

those as basic as self-care and personal hygiene, it was stated. The applicant was given a Toradol injection in the clinic setting. A variety of opioid and nonopioid agents, including morphine, vitamin D, Neurontin, butalbital, Senna, Motrin, and orphenadrine were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENNA/DOCUSATE 50/8.6MG, #120: Overturned

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

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

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants who are using opioids chronically. In this case, the applicant is, in fact, using opioids, including morphine and Norco, chronically. Provision of a laxative/stool softener in the form of Senna-Docusate is therefore indicated and appropriate. Accordingly, the request is medically necessary.

RESTONE 3-100MG, #30: 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 Other Medical Treatment Guideline Or Medical Evidence, ACOEM Guidelines, 3rd Edition, Chronic Pain, General Principles of Treatment, Medications, Alternative Treatments

Decision rationale: The MTUS does not address the topic of alternative treatments or dietary supplements such as Restone. As noted in the Third Edition ACOEM Guidelines, dietary supplements or complementary treatments such as Restone are not indicated in the treatment of chronic pain as they have no proven outcomes or meaningful benefits in the treatment of the same. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

IBUPROFEN 800MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd Edition, Chronic Pain Chapter, Alternative Treatments section

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent a traditional first-line of treatment for various chronic pain syndromes, in this case, however, the applicant failed to effect any lasting benefit or functional improvement as defined by the parameters established in MTUS 9792.20f despite ongoing usage of ibuprofen. The applicant has seemingly failed to return to work. The applicant's pain complaints are largely unchanged as a result of ongoing medication consumption. The reduction in pain scores from 10/10 to 9/10 appears to be marginal to negligible and is outweighed by the applicant's failure to return to any form of work and the applicant's failure to improve performance of even basic activities of daily living such as self-care, personal hygiene, and ambulation. The applicant continues to use a cane to move about, it was noted on several recent progress notes. Continuing ibuprofen in the face of the applicant's failure to demonstrate any functional improvement as defined in Section 9792.20f is not indicated. Therefore, the request is not medically necessary.

GABAPENTIN 600MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to document improvements in pain and function in each visit in applicants who are using gabapentin or Neurontin. In this case, however, there have been no clearly documented improvements in terms of either pain or function, despite ongoing gabapentin usage. The applicant remains off of work. The applicant is apparently now intent on pursuing an intrathecal pain pump, implying that previous usage of other pain medications, including gabapentin, has been unsuccessful. The documented reduction in pain score from 10/10 to 9/10 appears to be negligible to minimal and is insufficient to support continued usage of gabapentin. Therefore, the request is not medically necessary.