

Case Number:	CM14-0111056		
Date Assigned:	09/19/2014	Date of Injury:	10/02/2002
Decision Date:	11/18/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/16/2014

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 Family 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 71-year-old female patient who reported an industrial injury on 10/2/2002, 12 years ago, attributed to the performance of her usual and customary job tasks reported as falling backwards on the escalator. The patient complains of ongoing and persistent neck, back, and knee pain. The patient is being treated for cervical spine DDD; lumbar spine DDD; and bilateral knee pain. The patient is being treated with physical therapy; medications; and a spinal cord stimulator. It was reported that the spinal cord stimulator was ineffective. The patient is reported status post surgical intervention to the lumbar spine and to the knees. The patient is status post right knee replacement; left knee; lumbar spine fusion; cervical spine fusion; and a total knee revision. The patient is being treated with Cymbalta 60 mg; Norco 10/325; and stool softeners. The objective findings on examination included weight 220 pounds; height 5'10"; unable to walk without the assistance of a Walker; swelling over the lumbar paraspinals around L1-L3 with tenderness; no SI joint tenderness; some weakness bilaterally. The diagnoses were disc disorder cervical; disc disorder lumbar; and knee pain. The treatment plan included Norco 10/325 mg #120; Colace 100 mg #60 with 5 refills; and Senokot-S #60 with five (5) refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines opioids Page(s): pages 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids

Decision rationale: Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for Hydrocodone-APAP (Norco) 10/325 mg #120 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury 12 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical low back pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is 12 years s/p DOI with reported continued issues postoperatively; however, there is no rationale supported with objective evidence to continue the use of opioids. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back/knee pain. There is no demonstrated sustained functional improvement from the prescribed high dose opioids. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if

needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. There is no demonstrated medical necessity for the current prescription of tramadol with Norco. The continued prescription for Norco 10/325 mg #120 is not medically necessary.

COLACE 100MG #60 WITH 5 REFILLS: 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): 80-82.

Decision rationale: The prescription of Colace 100 mg bid is medically necessary only if the patient has constipation as a side effect of the prescribed opioid medications. The patient has been discontinued from opioids by the treating physician; therefore, there is no medical necessity for the Colace. The patient is not demonstrated to have constipation as a side effect of opioids prescribed for mechanical back pain. The patient is prescribed a stool softener. There is no discussion that the patient was counseled as to diet or activity in regards to the fact she has constipation. The use of Colace, Docusate Sodium, was provided prior to any evaluation of the symptoms or conservative treatment with diet and exercise. The use of Colace is demonstrated to be medically necessary with the prn use of Hydrocodone/opioids and is not medically necessary for the treatment of the reported chronic back pain. The provider identified high dose opioids that may lead to constipation for which Colace was prescribed; however, it was prescribed as a first line treatment instead of the recommended conservative treatment with fiber and diet prior to prescriptions. There was no documented functional improvement to the prescribed Colace. Therefore this request is not medically necessary.

SEKOT-S #60 WITH 5 REFILLS: 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 Chronic Pain Medical Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation (ACOEM), 2ndEdition, (2004) Chapter 6 pages 114-16

Decision rationale: The prescription of Senekot-S bid is medically necessary only if the patient has constipation as a side effect of the prescribed opioid medications. The patient has been discontinued from opioids by the treating physician; therefore, there is no medical necessity for the Senekot-S. The patient is not demonstrated to have constipation as a side effect of opioids

prescribed for mechanical back pain. The patient is prescribed a stool softener. There is no discussion that the patient was counseled as to diet or activity in regards to the fact she has constipation. The use of Senekot-S, was provided prior to any evaluation of the symptoms or conservative treatment with diet and exercise. The use of Senekot-S is demonstrated to be medically necessary with the prn use of Hydrocodone/opioids and is not medically necessary for the treatment of the reported chronic back pain. The provider identified high dose opioids that may lead to constipation for which Senekot-S was prescribed; however, it was prescribed as a first line treatment instead of the recommended conservative treatment with fiber and diet prior to prescriptions. There was no documented functional improvement to the prescribed Senekot-S. Therefore this request is not medically necessary.