

Case Number:	CM14-0111302		
Date Assigned:	08/01/2014	Date of Injury:	02/22/2006
Decision Date:	09/09/2014	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 Emergency Medicine and is licensed to practice in New York. 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 53-year-old female who was injured on February 22, 2006. The patient continued to experience pain in her neck, lower back, and bilateral lower extremities. Physical examination was notable for decreased range of motion of the cervical spine, multiple trigger points across the trapezius, rhomboid and supraspinatus muscles, normal motor strength of the upper extremities, and intact sensation of the upper extremities. Diagnoses included lumbar disc with radiculitis, degeneration of lumbar disc, lumbar postlaminectomy syndrome, and reflex sympathetic dystrophy of the lower limb. Treatment included medications, surgery, and psychotherapy. Requests for authorization for omeprazole 20 mg # 60 with one refill, Senna 8.6 mg # 60 with one refill, colace sodium 100 mg # 60 with one refill, Lidoderm patches 5% # 30 with one refill, and diazepam 10 mg #30 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: FDA (Food and Drug Administration).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. Therefore, the request for Omeprazole 20mg #60 with 1 refill is not medically necessary and appropriate.

Senna 8.6mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Food and Drug Administration).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Opioid-induced constipation treatment Other Medical Treatment Guideline or Medical Evidence: Drugs for Irritable Bowel Syndrome Treatment Guidelines from The Medical Letter - July 1, 2011.

Decision rationale: Senna is a laxative that acts as a colonic stimulant. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. If prescribing opioids has been determined to be appropriate, then ODG recommend that prophylactic treatment of constipation should be initiated. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. In this case there is no documentation that the patient is suffering from constipation. Medical necessity has not been established. Therefore, the request for Senna 8.6mg #60 with 1 refill is not medically necessary and appropriate.

Colace sodium 100mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Food and Drug Administration) Peer-reviewed literature; 'Management of Opioid-Induced Gastrointestinal Effects: Treatment' (http://www.medscape.com/viewarticle/427442_5).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain Opioid-induced constipation treatment and Other Medical Treatment Guideline or Medical Evidence: Drugs for Irritable Bowel Syndrome Treatment Guidelines from The Medical Letter - July 1, 2011.

Decision rationale: Colace is docusate, a stool softener that works by increasing the amount of water that is absorbed by the stool in the gut. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. If prescribing opioids has been determined to be appropriate, then ODG recommend that prophylactic treatment of constipation should be initiated. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. In this case there is no documentation that the patient is suffering from constipation. Therefore, the request for Colace sodium 100mg #60 with 1 refill is not medically necessary and appropriate.

Lidoderm patches 5% #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Lidoderm Patches, Criteria for use of Lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (lidocaine patch).

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. In this case the patient's pain remained at 9/10 with the use of medications. In addition there is no evidence of localized pain that is consistent with a neuropathic etiology. Therefore, the request for Lidoderm patches 5% #30 with 1 refill is not medically necessary and appropriate.

Diazepam 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines , page Page(s): 24.

Decision rationale: Diazepam is a benzodiazepine. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case the patient had been using diazepam since at least September 2013. Therefore, the request for Diazepam 10mg #30 is not medically necessary and appropriate.