

Case Number:	CM14-0152630		
Date Assigned:	09/22/2014	Date of Injury:	12/29/2006
Decision Date:	10/22/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 49-year-old female who has submitted a claim for Lumbar radiculopathy; chronic pain syndrome; Left knee internal derangement; left knee pain; chronic pain-related insomnia; myofascial syndrome; neuropathic pain; chronic pain-related depression; and prescription narcotic dependence, associated with an industrial injury date of 12/29/06. Medical records from 2009 to 2014 were reviewed. Patient apparently sustained an injury while working in her capacity as a nurse's aide when she hurt her back while she was leaning over to assist a patient to their bed. Patient immediately felt pain in her lower back that increased in intensity over the following weeks, interrupting her ability to perform her usual work activities. Patient sought consult and was put on restricted work duties, had steroid injections and chiropractic therapy which provided no improvement. Patient was also chronically prescribed pain medications, including different opioid drugs, skeletal muscle relaxants and anticonvulsants, which gave minimal to moderate improvement in her pain. Urine drug screens done to test for compliance with medication intake (5/12/13, 8/28/13, 3/27/14, 5/21/14 and 7/10/14) showed results not consistent with her medications. Patient claims to not take opioids during her drive to the clinic because she feels drowsy. 08/19/14 progress report showed that patient complained of low back pain radiating down to the anterior left thigh as well as pain in the buttocks and left knee, graded 8/10 in severity, described to be higher in severity compared to her average pain of 9/10 without medications and 5/10 with medications. Most recent physical examination findings were noted from progress report date of 09/17/13 where patient was noted to have mildly restricted ROM with pain but without radicular pain. Plan was to continue medications, for LESI and left knee steroid injection. Patient remains off from work. Treatment to date has included ESI, restricted work duties, Chiropractic therapy, physical therapy and medications (Celebrex, Tramadol, Norco and Prilosec started 12/5/09 to 3/8/13; Nucynta, Toradol, Medrox patch, Axid and Skelaxin from

3/8/13 to 5/28/14; Dilaudid from 3/18/13 to 6/21/13; Percocet from 6/21/13 to 5/20/14; Lyrica since 4/17/13; Colace since 10/8/13; Percura, Gabadone and Trepidone since 3/21/14; and Prilosec, Flexeril, Norco and Flurifex since 5/20/14). Utilization review date of 8/26/14 denied the request for Norco and Colace. However, the rationale for this determination cannot be ascertained because the submitted records were incomplete, with several missing pages.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-81; 85.

Decision rationale: As stated on pages 78-81 and 85 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Decision for continuation of opioid treatment includes return to work and improved pain and functioning. Also, one of the criteria used to define serious substance misuse in a multi-disciplinary pain management program include urine toxicology screen negative for prescribed drugs on at least two occasions as an indicator of possible diversion. In this case, the medical records are unclear regarding the duration of opiate use to date; only that patient has been on chronic opiate use since at least 2009, with earliest urine drug screen testing positive for opiates being 6/26/12. The records provided did not specify that patient has set goals regarding the use of opioid analgesics. There was no documentation of favorable response in regards to pain control, functional improvement in patient symptoms and capacity to perform her ADLs with the use of opioid analgesics. Patient had constant pain severity of 5-8/10 even with intake of medications, as well as her still being off from work. Also, there is noted inconsistency with regards to her reported opiate use and her urine drug screen results, which may indicate an aberrant drug behavior, including but not limited to substance abuse, misuse or diversion. The continued review of overall situation with regards to non-opioid means of pain control is also not documented in the records provided. Likewise, there was no note of the number of tablets or refills to be dispensed. Therefore, the request for Norco 5/325mg tablets is not medically necessary.

Colace 100mg: 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, initiating therapy Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: Sodium Docusate; Peer-reviewed literature: "Management of Opioid-Induced Gastrointestinal Effects: Treatment" .

Decision rationale: As stated on pages 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a prophylactic treatment for constipation should be started on initiation of opioid treatment. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. Likewise, the peer-reviewed article "Management of Opioid-Induced Gastrointestinal Effects: Treatment" states that constipation is the most frequent side effect associated with long-term opioid therapy. Docusate is the stool softener most widely used in palliative care. It acts to increase secretions in the gastrointestinal tract, as well as absorption of these secretions by hard stool. In this case, patient has been started on Colace since 10/08/13. There were no subjective complaints of constipation or alteration in patient's bowel movement, which may indicate that the drug is effective, since there was no mention of constipation up to the latest progress report. However, a simultaneous request for Norco is not certified. There is no indication for prophylactic treatment for constipation at this time. Moreover, there was no mention of the total number of pills to be dispensed. Therefore, the request for Colace 100mg is not medically necessary.

Trepadone #60: 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 Official Disability Guidelines (ODG) Pain Chapter, Trepadone

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. Trepadone is a medical food that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine, and GABA. It is intended for use in the management of joint disorders associated with pain and inflammation. Regarding GABA, there is no high quality peer-reviewed literature that suggests that GABA is indicated; regarding choline, there is no known medical need for choline supplementation; regarding L-Arginine, this medication is not indicated in current references for pain or inflammation; and regarding L-Serine, there is no indication for the use of this product. In this case, the patient was prescribed Trepadone since 03/31/14 to address joint health. Based from the data presented above, it is unclear how the patient will benefit from this medication. There is no documentation regarding failure of or intolerance to first-line anti-inflammatory and pain medications in this patient to support the use of this medical food. There is no guideline evidence to support the use of Trepadone. Therefore, the request for Trepadone #60 is not medically necessary.