

<b>Case Number:</b>	CM14-0154465		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	11/08/2000
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 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 67 year old female who was injured on 11/8/2000. The diagnoses are low back pain, status post lumbar fusion and spinal stenosis. The patient has completed acupuncture treatments, TENS unit use, aqua therapy, massage therapy and epidural steroid injections. The past surgery history is significant for lumbar spine fusion and removal of hardware. [REDACTED] noted subjective complaints of 7/10 pain score on a scale of 0 to 10. On 7/10/2014, [REDACTED] noted objective findings of positive straight leg raising test and decreased sensation in the lower extremities. A Utilization Review determination was rendered on 8/29/2014 recommending modified certifications for Norco 10/325mg #120 12 refills to no refill, Duragesic patch 25mcg #20 12 refills to no refill, Neurontin 300mg #90 12 refills to 2 refills, Colace 100mg #60 12 refills to 2 refills and non- certification for Protonix 40mg #30 12 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 with 12 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG recommend that opioids can be utilized for the treatment of exacerbations of chronic musculoskeletal pain. It is recommended that patients be evaluated regularly for compliance, functional restoration and aberrant behaviors. The required documentation includes UDS, Pain Contract and adverse effects. The records indicate that the patient is utilizing multiple opioids. There is subjective complaint of opioid related constipation. The criteria for Norco 10/325mg #120 with 12 refills was not met.

**Duragesic patch 25mcg #20 with 12 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24. Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG recommend that opioids can be utilized for the treatment of exacerbations of chronic musculoskeletal pain. It is recommended that patients be evaluated regularly for compliance, functional restoration and aberrant behaviors. The required documentation includes UDS, Pain Contract and adverse effects. The records indicate that the patient is utilizing multiple opioids. There is subjective complaint of opioid related constipation. The criteria for Duragesic 25mcg #20 with 12 refills was not met.

**Neurontin 300mg #90 with 12 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-seizure medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG recommend that anticonvulsants can be utilized for the treatment of neuropathic pain. The records indicate that the use of Neurontin is effective for the control of lumbar radiculopathy. There were no adverse effects was reported. It is recommended that patients be evaluated regularly for compliance, efficacy and adverse effects. The 2 refills approved for 3 monthly re-evaluations is within the recommended guidelines. The criteria for Neurontin 300mg #90 12 refills was not met.

**Colace 100mg #60 with 12 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic treatment of constipation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that prophylactic measures for the prevention and treatment of constipation should be initiated and continued during chronic opioids treatment. The records indicate that the patient is utilizing Colace for the prevention and treatment of opioid induced constipation. The modified certification for 2 refills will enable routine re-evaluation of the patient for opioid induced constipation. The criteria for the use of Colace 100mg #60 12 refills was not met.

**Protonix 40mg #30 with 12 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors for the prevention and treatment of NSAIDs gastrointestinal complications. The records did not indicate that the patient has a history of gastrointestinal disease. There is no indication that the patient is on chronic NSAIDs treatment. The criteria for the use of Protonix 40mg #30 12 refills was not met.