

Case Number:	CM14-0157075		
Date Assigned:	09/30/2014	Date of Injury:	05/08/2006
Decision Date:	10/28/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/25/2014

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:

This patient is a 50-year-old female employee with date of injury of 1/25/2005. A review of the medical records indicate that the patient is undergoing treatment for neck pain, back pain, and unidentified "psych" diagnosis. Subjective complaints include low back pain; numbness and tingling in bilateral lower extremities and "pain with meds rated at 5-6/10 (6/3/2014), pain without meds at 8-10/10 (6/3/2014)." Objective findings include urine sample (4/14/2014) revealing positive test for hydrocodone-dihydrocodeinone, hydromorphone-dihydromorphonon, acetaminophen screen, and tricyclic anti-depressants screen. Physical exam on 6/3/2014 revealed bilateral sciatic notch pain; spasms; decreased range of motion; straight leg raise positive for numbness/tingling to foot. Treatment has included Norco 5/325mg 4-5/day, Elavil 25mg 3-4/wk, Flexmid 7.5mg 2/day, Colace 100mg 1-2/day, medications provided 1-2 hours of relief; medications aimed to assist in ADL's, improved participation in HEPs, improve sleep. No first-line treatment of bowel issues was documented. The utilization review dated 8/28/2014 non-certified the following: - Norco 5/325mg #60 due to no documentation no increased body function or pain decrease. - Fexmid 7.5mg #60 because medical guidelines do not support long-term use of this drug. - Colace 100mg #60 due to no mention of bowel difficulty in medical reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco since April 2014, in excess of the recommended 2-week limit and does not specify what extenuating circumstances warrant extension of the medication. As such, the request for Norco 5/325mg #60 is not medically necessary.

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate a date of injury 1/25/2015, putting this request far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain

unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended." The patient is on other pain medication concurrent with cyclobenzaprine, which is not advised. As such, the request for Flexeril 7.5mg #60 is not medically necessary.

Colace 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000100/>, Stool softeners

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid-induced constipation treatment Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Docusate

Decision rationale: Docusate is a stool softener. This patient is undergoing treatment with an opioid. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "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". Uptodate states "Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents." Additionally, "There is little evidence to support the use of surfactant agents in chronic constipation. Stool softeners such as docusate sodium (eg, Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less effective than other laxatives" The treating physician does not document what first line treatments have been tried and what the results of those treatments are. No quantitative or qualitative description of bowel movement frequency/difficulty was provided either pre or post "constipation treatment education" by the physician, which is important to understand if first line constipation treatment was successful. As such, the request for Colace 100mg #60 is not medically indicated at this time.