

Case Number:	CM14-0170937		
Date Assigned:	10/23/2014	Date of Injury:	10/15/1996
Decision Date:	11/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/16/2014

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 General Preventative Medicine and is licensed to practice in Indiana. 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 employee is a 76 year old female with date of injury of 10/15/1996 and review of the medical records indicate that the patient is undergoing treatment for intervertebral disc disease and lumbar radiculopathy. Subjective complaints include continued 5/10 lower back pain with radiation down bilateral lower extremities. Objective findings include limited range of motion of the lumbar spine with tenderness to palpation of the paraspinals and positive straight leg raise bilaterally. Treatment has included laminectomy, Percocet, OxyContin, Voltaren Gel, Senokot, Benadryl, Gabapentin, and Tizanadine. The utilization review dated 9/17/2014 non-certified Percocet, OxyContin, Voltaren Gel, Senokot, Benadryl, Gabapentin, and Home Health Care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a Therapeutic Trial of Opioids and Opioids fo.

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) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

Decision rationale: Percocet (Oxycodone with Acetaminophen) is a short-acting Opioid. Chronic pain guidelines and ODG do not recommend Opioids "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term Opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on Opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Medical documents indicate that the patient has been on Percocet for several years, in excess of the recommended 2-week limit. Additionally, indications for when Opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances". The treating physician does document some pain level improvement, however, does not document overall improvement in function, which is required for continued use of this medication. As such, the request for Percocet is not medically necessary.

OxyContin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a Therapeutic Trial of Opioids and Opioids fo.

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) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids

Decision rationale: Oxycodone is the generic version of OxyContin, which is a pure Opioid agonist. ODG does not recommend the use of Opioids for 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 Opioids, pain relief, increased level of function, or improved quality of life. As such the request for OxyContin is not medically necessary.

Voltaren Gel 1% 200 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Creams

Decision rationale: Docusate and Sennosides are stool softeners and laxatives, respectively. This patient is undergoing treatment with Percocet, which is 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.com 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 (e.g., 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 did not document that he encouraged the patient "drink 8 tall glasses of water daily and exercise as tolerated" and "consume a high fiber diet". Additionally, the treating physician did not report how compliant the patient was to the first line constipation treatment and did not indicate if fiber treatment was initiated. Additionally, 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 Docusate/Sennoside is not medically indicated at this time.

Senokot 8.6mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, criteria for use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment, and on the Non-MTUS UpToDate.com, Docusate and Senna

Decision rationale: Docusate and sennosides are stool softeners and laxatives, respectively. This patient is undergoing treatment with Percocet, which is 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"; it further states that "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.com 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 did not document that he encouraged the patient to "drink 8 tall glasses of water daily and exercise as tolerated" and "consume a high fiber diet". Additionally, the treating

physician did not report how compliant the patient was to the first-line constipation treatment and did not indicate if fiber treatment was initiated. Additionally, 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 docusate/sennosides is not medically indicated at this time.

Benadryl, #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Creams

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, the request for Benadryl #1 is not medically necessary.

Gabapentin 300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-Epilepsy Drugs (AEDs) for Pain, Gabapentin Neurontin

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". Based on the clinical documentation provided, there is

no evidence of neuropathic type pain or radicular pain on exam or subjectively. As such, without any evidence of neuropathic type pain, the medication is not medically necessary.

Additional Home Health Care 4-6 hours/day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services

Decision rationale: According to MTUS and ODG Home Health Services section, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Given the medical records provided, employee does not appear to be "homebound". The treating physician does not detail what specific home services the patient should have. Additionally, documentation provided does not support the use of home health services as 'medical treatment', as defined in MTUS. As such, the current request for home health care is not medically necessary.