

Case Number:	CM14-0025665		
Date Assigned:	06/13/2014	Date of Injury:	03/19/2003
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 68-year-old male who reported an injury on 03/19/2003. The mechanism of injury was not provided in the documentation. Per the imaging report dated 04/16/2014, the injured worker had x-ray to the right shoulder which was reported to show postoperative and degenerative changes in the right shoulder without significant change since 11/2012. Per the progress note dated 05/02/2014, the injured worker continued to report neck and right shoulder pain. The injured worker reported he was not interested in surgery. On physical exam, the provider noted no significant change. The injured worker reported the pain medication brings his pain levels to 4/10. Current medications for the injured worker were reported to include Duragesic patches 75 mcg, Norco 10/325, Flexeril 10 mg, Lyrica 75 mg, bupropion and lorazepam. Request for authorization for medical treatment for the Colace, Flexeril, Norco and Duragesic patches was dated 01/31/2014. Previous treatments for the injured worker were reported to include physical therapy, home therapy program, imaging studies, surgeries, electrodiagnostic studies. The provider's rationale for the request was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLACE 100MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The request for Colace 100 mg quantity of 240 is not medically necessary. Per California MTUS Guidelines, prophylactic treatment of constipation should be initiated when using opioid medications. Per Official Disability Guidelines, 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 tract results in absorption of electrolytes such as chloride with a subsequent reduction in small intestinal fluid. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the injured worker to follow a proper diet, rich in fiber. 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 the water content of the stool. There is a lack of documentation regarding constipation for the injured worker. There is a lack of documentation regarding other non-medicinal treatments by the injured worker to prevent constipation such as increased activity and increased fiber. There is a lack of documentation regarding the efficacy of this medication for the injured worker. In addition, the request did not include frequency information for the medication. Therefore, the request for Colace 100 mg quantity of 240 is not medically necessary.

FLEXERIL 10MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL, FEXAMID) Page(s): 41,63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants Page(s): 41, 64.

Decision rationale: The request for Flexeril 10 mg quantity of 60 is not medically necessary. Per California MTUS Guidelines, cyclobenzaprine is recommended as an option using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest on the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. Limited mixed evidence does not allow for a recommendation for chronic use. This medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation regarding the use of this medication and the efficacy of the medication. There is a lack of objective clinical findings regarding an increase in functionality or decrease in pain while on this medication. There is a lack of documentation regarding assessment and consideration of alternative treatments. There is a lack of documentation regarding the time frame the injured worker has been utilizing this medication. In addition, the request did not include frequency information for the medication. Therefore, the request for Flexeril 10 mg quantity of 60 is not medically necessary.

NORCO 10/325MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The request for Norco 10/325 mg quantity 240 is not medically necessary. California MTUS Guidelines state opiates are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain; however, for continuous pain extended release opiates are recommended. The four domains for ongoing monitoring of pain are pain relief, side effects, physical and psychosocial functioning and the occurrence of aberrant behavior. Monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Opioids appear to be efficacious but limited for short-term pain relief and long-term efficacy is unclear but also appears limited. Failure to respond to a time-limited course of opiates had led to a suggestion of reassessment and consideration of alternative therapy. There is also no evidence that opioids show a long-term benefit or improvement in function when used as treatment for chronic back pain. The guidelines recommend that opioid dosing not exceed 120 mg oral morphine equivalents per day. There is a lack of documentation regarding the use of this medication and the efficacy of the medication. There is a lack of objective clinical findings regarding an increase in functionality or a decrease in pain while on this medication. There is a lack of documentation regarding assessment and consideration of alternative treatments. There is a lack of documentation regarding other conservative treatments for chronic pain management. In addition, the request did not include frequency information for the medication. Therefore, the request for Norco 10/325 mg quantity 240 is not medically necessary.

DURAGESIC PATCHES 50MCG #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES/FENTANYL Page(s): 43, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44, 47.

Decision rationale: The request for Duragesic patches 50 mcg quantity of 20 is not medically necessary. Per California MTUS Guidelines, Duragesic is not recommended as a first line therapy. Duragesic is the trade name of fentanyl transdermal therapeutic system, which release fentanyl potent opioid solely through the skin. The FDA approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Fentanyl is an opioid analgesic with a potency 80 times that of morphine. It is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous around the clock opioid therapy that cannot be managed by other means. There is a lack of documentation regarding the use of this medication and the efficacy of the medication. There is a lack of objective clinical findings regarding an increase of functionality or decrease in pain while on this medication. There is a lack of documentation regarding assessment and consideration of alternative treatments. There is

a lack of documentation regarding other conservative treatments for chronic pain management. In addition, the request did not include frequency information for the medication. Therefore, the request for Duragesic patches 50 mcg, quantity 20, is not medically necessary.