

Case Number:	CM14-0038745		
Date Assigned:	06/27/2014	Date of Injury:	12/01/2001
Decision Date:	08/20/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/02/2014

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 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:

The injured worker is a 51-year-old female who reported injury on 12/01/2001. The diagnosis included cervical brachial syndrome. The injured worker's medication history included muscle relaxants and opiates as of 02/2013. Senokot was added as of 09/2013. The documentation of 02/11/2014 revealed the injured worker's pain level was unchanged and the injured worker had no new problems or side effects. The injured worker indicated she was taking her medications as prescribed and the medications were working well. The injured worker indicated she has a little more energy and was less foggy since reducing MS Contin. The injured worker denied abdominal pain, changes in appetite, or heartburn. The injured worker was noted to have a urine drug screen that was appropriate previously. Other therapies were not provided. The diagnosis included cervical pain and spasm of muscle. The treatment plan included a continuation of the medications. The injured worker indicated since decreasing the MS Contin, she was able to feel more clear-headed, and was getting better sleep due to a new Tempur-Pedic mattress. Additionally, the injured worker indicated she was getting out of her bed more often and was not as fatigued. She indicated she had an increase in house cleaning duties, such as dishes, laundry, and light sweeping. The treatment plan included continue MS Contin 30 mg twice a day for baseline pain control, MS Contin 15 mg daily for baseline pain control, Norco as needed for breakthrough pain, Zanaflex as needed for spasms, and Senokot S for constipation secondary to opiate use. It was indicated the injured worker found this medication effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15 mg, #30 with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain, as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicates the injured worker had utilized the medication for at least 1 year. There was documentation of objective functional improvement, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective decrease in pain. Additionally, the request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the prospective request for MS Contin 15 mg #30 with 1 refill is not medically necessary.

MS Contin CR 30 mg, #60 with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain, as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicates the injured worker had utilized the medication for at least 1 year. There was documentation of objective functional improvement, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective decrease in pain. Additionally, the request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the prospective request for MS Contin CR 30 mg #60 with 1 refill is not medically necessary.

Norco 10/325 mg, #60 with One (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain, as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicates the injured worker had utilized the medication for at least 1 year. There was documentation of objective functional improvement, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective decrease in pain. Additionally, the request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the prospective request for Norco 10/325 mg #60 with 1 refill is not medically necessary.

Zanaflex 4 mg, #30 with One (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 1 year. There was a lack of documentation of objective functional improvement and exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the prospective request for Zanaflex 4 mg #30 with 1 refill is not medically necessary.

Senokot-S 8.6-50 mg, # 60 with Three (3) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clearinghouse (NGC); Pharmacological Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend when initiating opioid therapy, there should be the prophylactic treatment of constipation. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since

09/2013. The injured worker indicated the medication was effective. However, the request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the prospective request for Senokot-S 8.6-50 mg #60 with 3 refills is not medically necessary.