

Case Number:	CM14-0050505		
Date Assigned:	07/07/2014	Date of Injury:	10/01/2007
Decision Date:	08/26/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/18/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 65 year old male who is reported to have injured his lower back and right knee when he pivoted and twisted as he was coming down the ladder on 10/1/2007. The injury gave rise to knee pain and pain in his lower back. An MRI of the right knee showed Medial Meniscal tear and degenerative changes. He was treated by knee arthroscopy. However, as the pain continued, he had knee arthroplasty, but despite this the knee pain has persisted. Furthermore, he has continued to suffer from lower back pain despite back surgery following an MRI finding of degenerative changes in his disc, and disc protrusion in Lumbar MRI. Epidural steroid injections provided only minimal relief. On physical examination, he was noted to have limitation in lumbar range of motion, inability to toe walk or heel walk; positive supine and sitting straight leg raise the right, but negative on the left. Diffuse tenderness was noted in the the lower back. Nerve studies revealed L5, S1 neuropathy. He complains of chronic constipation. He is on treatment with MS Contin 15MG Lactulose, Pataday eye drop, Zanaflex, Bupriopon, Ibuprofen, Sennas, and Amitiza, but he has been taking less of the opiates due to decrease in mental function. Currently, he rates his pain at 7/10; he reports increased function. His doctors's request for: DSS 250mg #180 x5 refills ; Senna 8.6mg #240 x 5 refills, and Bupriopon XL 150mg #30 with 3 refills , have all been modified to one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of DSS 250mg #180 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 88. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Management of Opioid-Induced Gastrointestinal Effects in Patients Receiving Palliative Care http://www.medscape.com/viewarticle/427442_5.

Decision rationale: Docusate, a stool softener, is highly recommended for opiate induced constipation. However, the recommendation is to use it in combination with a different kind of medication, since the opioids causes a decrease in peristalsis and the stool softener used alone may not be able to achieve bowel motion. Although the medication is a recommended medication, its use is based on the continued need for opioids. The MTUS guidelines for continuing opiates are: (a) If the patient has returned to work; if the patient has improved functioning and pain. Although the worker is reported to have improved functioning, he is said to be complaining of increasing pain. Besides, although he is taking less opiates, it is not because he has less need for it, but because it makes him sleepy, and he does not like that. Consequently, since the opioids the agents responsible for the constipation are no longer needed, there would be no more need for stimulant laxatives or other laxatives when the opioids are discontinued. Therefore, the opioids are not medically necessary.

1 prescription of Senna 8.6mg #240 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scalon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51p. [44 references].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 80, 88 Page(s): 80, 88. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Management of Opioid-Induced Gastrointestinal Effects in Patients Receiving Palliative Care.

Decision rationale: The stimulant laxatives like Senna are highly recommended for opioids induced constipation because they stimulate peristalsis. It is recommended that the individual should continue taking them unless there is diarrhea, when it should be stopped and started later. It is recommended it should not be used on as needed basis. Although the medication is recommended, its use is based on the continued need for opioids. The MTUS recommends continuous monitoring of the need for Opioids use. Therefore, if it is decided the opioids need to be discontinued, there would be no more need for a stimulant laxative. The opioids need to be discontinued as the injured worker has not met the MTUS recommended guideline of continuing to use opioids if the individual has returned to work, and improved functioning and pain.

1 prescription of Bupropion XL 150mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, page(s) 14-16 Page(s): 14-16.

Decision rationale: The MTUS recommends Bupropion as a third line medication for diabetic neuropathy, and may be considered in individuals not responding well to other class of antidepressants. There is no indication the injured worker is suffering from diabetic neuropathy, also, the records reviewed do not report worker had failed treatment with other antidepressants. Therefore Bupropion XL 150mg #30 with 3 refills is not medically necessary.