

Case Number:	CM14-0080703		
Date Assigned:	07/18/2014	Date of Injury:	03/22/2002
Decision Date:	09/08/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 52-year-old male who has submitted a claim for unspecified derangement of shoulder joint, lumbar intervertebral disc disorder with myelopathy, postlaminectomy syndrome of lumbar region, myalgia, and myositis associated with an industrial injury date of 03/22/2002. Medical records from 2003 to 2014 were reviewed. Patient complained of low back pain and left-sided abdominal wall hernia. Patient reported that intake of medications provided him pain relief and ability to perform activities of daily living. Patient however remained depressed and anxious. He likewise complained of difficulty sleeping. He had a large 18 inch transverse scar at the lower abdominal region which bulged out upon Valsalva maneuver. Physical examination of the lumbar spine showed positive trigger points, tenderness and restricted range of motion. Left Achilles tendon reflex was graded 1+. Motor strength of bilateral lower extremity muscles was graded 4/5. Straight leg raise was positive on the right at 60 degrees and on the left at 45 degrees. Sensation was diminished along the left posterior lateral thigh, medial calf on the right, and lateral calf. Treatment to date has included spinal cord stimulator, lumbar fusion, aquatic therapy, acupuncture, and medications such as Norco, Suboxone, FexMid, Anaprox, Colace, and Metamucil. Utilization review from 05/19/2014 modified the request for Norco 10/325mg #180 with 1 refill into zero refill for the purpose of weaning because of no documented evidence of functional benefit; modified the request for Ambien 10mg #30 with 3 refills into zero refill because there was no rationale or indication for this; modified the request for Colace 250mg #60 with 5 refills into 1 refill because patient was recommended to wean from opioid therapy. Reasons for the denial of Aquatic Therapy exercises 2 X 6 and Metamucil - strength/quantity unknown were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 3 refills: 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), treatment Index, 11th Edition (web), Pain, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem section.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that Zolpidem (Ambien), is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, patient has been on Ambien since 2010. However, there was no documentation concerning functional improvement derived from its use. Moreover, there was no recent discussion concerning sleep hygiene. Long-term use was likewise not recommended. Therefore, the request for Ambien 10mg #30 with 3 refills is not medically necessary.

Colace 250mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Initiating Therapy Page(s): 77.

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

Decision rationale: On page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, the patient has been on chronic opioid therapy since 2010; hence, prophylactic treatment for constipation is warranted. However, current treatment plan includes weaning off from Norco. There is no justification presented why 5 refills of Colace is necessary at this time. The medical necessity cannot be established due to insufficient information. Therefore, the request for Colace 250mg #60 with 5 refills is not medically necessary.

Norco 10/325mg #180 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opioids since 2010. Patient reported that intake of medications provided him pain relief and ability to perform activities of daily living. Urine drug screen from 01/15/14 likewise showed consistent result. Current treatment plan includes weaning from Norco and possible enrollment to a medication-assisted detoxification program. The medical necessity for certifying this present request has been established for the purpose of weaning off from opioid. Therefore, the request for Norco 10/325mg #180 with 1 refill is medically necessary.

Aquatic Therapy exercises 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, there was no indication why the patient could not participate in a land-based physical therapy program. Body mass index was not documented. Patient had no lower extremity fracture. Moreover, progress report from 07/10/2014 cited that this request had been authorized already. Therefore, the request for Aquatic Therapy exercises 2 X 6 is not medically necessary.

Metamucil - strength/quantity unknown: 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, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration, Psyllium husk.

Decision rationale: On page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Metamucil contains psyllium, a bulk-forming fiber laxative attributed to the presence of soluble fiber. In this case, the patient has been on chronic opioid therapy since 2010; hence, prophylactic treatment for constipation is warranted. However, the present request as submitted

failed to specify dosage and quantity to be dispensed. The request is incomplete; therefore, the request for Metamucil - strength/quantity unknown is not medically necessary.