

Case Number:	CM14-0097900		
Date Assigned:	07/28/2014	Date of Injury:	11/30/2007
Decision Date:	09/26/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 58-year-old male who reported an injury on 11/30/2007 due to a slip and fall. Diagnoses were failed back surgery syndrome, lumbar facet joint pain, lumbar neuralgia, bilateral knee arthropathies. Past treatments were physical therapy, acupuncture and epidural steroid injections. Diagnostic studies were MRI of the lumbar spine. Physical examination on 05/15/2014 revealed complaints of lumbar spine pain, the right greater than the left, lower extremity numbness and tingling. He also reported bilateral knee pain. Examination of the lumbar spine revealed there was paralumbar tenderness bilaterally from the L3 through S1. Valsalva test was negative. Straight leg raise was negative bilaterally. Medications were hydrocodone 5/500 1 every 8 hours, as needed for pain; Naproxen 550, 3 times daily; Lyrica 100 mg 1 tablet every 12 hours, Senokot. Treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/500 mg. #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Hydrocodone/Acetaminophen Page(s): 78, 91.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Ongoing Management, Hydrocodone/Acetaminophen, pages 78, 91. The Expert Reviewer's decision rationale: The California Medical Treatment Utilization Schedule recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It fully recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Although the injured worker has reported pain relief and functional improvement from the medication, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Napoxen 550 mg. #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, page 67. The Expert Reviewer's decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and objective decrease in pain. Although the injured worker has reported pain relief and functional improvement from the medication, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Lyrica 100 mg. #60: Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants, page 16. The Expert Reviewer's decision rationale: The California Medical Treatment Utilization Schedule states "Lyrica is an anticonvulsant and that has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and the FDA approval for both indications, it is considered first line treatment for both. This medication is designated as a schedule 5 controlled substance because of its causal relationship with euphoria." This medication also has an antianxiety effect.

Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. The injured worker does not have a diagnosis of diabetic neuropathy or postherpetic neuralgia. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Senekot: 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): Opioid Induced Constipation.

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

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Pain, Opioid-induced Constipation Treatment. The Expert Reviewer's decision rationale: The Official Disability Guidelines for opioid induced constipation treatment is recommended as indicated below. When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first step should be identified to correct this. Simple treatments including increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid induced constipation and constipation in general. 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 water content of the stool. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, it is not medically necessary.