MAXIMUS Federal Services

Case Number:	CM14-0153041		
Date Assigned:	09/30/2014	Date of Injury:	04/21/2007
Decision Date:	01/07/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/19/2014

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 and Rehabilitation and Pain Management 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 patient is a 49 year old female with date of injury 4/21/07. The treating physician report dated 8/1/14 indicates that the patient presents with pain affecting the low back and lower extremities. Patient describes pain as aching, burning, constant and dull. The physical examination findings reveal the patient has chronic pain on a scale of 2-9/10, her mood and affect are normal as well as her motor skills. The patient ambulates without any assistive devices. Also noted is tenderness in the lower lumbar as well as limited ROM (a specific area not mentioned in report). The above mentioned report also notes that she has an Intrathecal pump and has a work status of "As per PTP." Current medications include Doc-Q-Lace, PF Dilaudid mixed with Clonidine, Bupivicaine, Baclofen, OxyContin, Percocet, Miralax, Amitiza, Cymbalta, Gabapentin, Lyrica and Robaxin. Patient does not mention any side effects or adverse reactions when asked by treating physician. There was no documentation provided that discusses any prior treatments. The current diagnosis is: 1. Radiculopathy, L/S; and 2. Lower back pain. The utilization review report dated 8/18/14 denied the request for Oxycontin 10mg ER #90, Percocet 10-325 mg #120, Cymbalta 60mg, delayed release #30 with 1, Gabapentin 300mg #270 with 1 refill, Lyrica 50mg #90 with 1 refill, Robaxin- 750 750mg #90 with 1 refill and Amitiza 24 mcg capsule #60 with 1 refill, based on the lack of documentation of specific functional capability with ADLs, household chores, community ambulation, activity and work status. The patient's sole diagnosis per the most recent report is lumbar radiculopathy, no documentation of symptoms or diagnosis of peripheral neuropathy. A reduced amount of OxyContin and Percocet has been recommended in the prior UR and it was noted that this is recommended again in this UR to avoid abrupt cessation and allow gradual tapering. MTUS guidelines were also cited when referring to Robaxin and it was found that the request did not satisfy the guidelines. The patient was being treated with Doc-Q-Lace and Miralax for constipation so there was no clinical

reasoning to support the treatment of Amitiza in addition to Doc-Q-Lace and Miralax. The UR denied the request for Genetic metabolism test based on ODG guidelines for genetic testing for potential opioid use. "Certification is not recommended for genetic metabolism testing."

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic metabolism test: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Genetic testing for potential opioid use.

Decision rationale: The patient presents with chronic pain affecting low back and lower extremities over 7 years post injury. The current request is for a Genetic Metabolism Test. The Official Disability Guidelines states that it is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. In this case the current request does not meet Official Disability Guidelines. Therefore the request is not medically necessary.

Oxycontin 10mg ER #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The patient presents with chronic pain affecting low back and lower extremities over 7 years post injury. The current request is for OxyContin 10mg ER #90. The patient has been taking OxyContin for greater than 6 months and has a work status of "as per PTP". MTUS Guidelines states that pain should be assessed at each visit, and functioning should be measured at 6-monthintervals using a numerical scale or validated instrument. Guidelines also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case the treating physician reports dated 1/30/14, 6/03/14, 8/1/14 show that the patient has been re- evaluated within the recommended timetable of every 6 months. In each of these reports the patient's pain level has been assessed and documented. Each report also states the treating physician monitors the 4As and do not lower the medications if the current

medication is working. The patient has had no adverse effects or any noted side effects while taking OxyContin and has shown a decreased level of pain upon each documented visit to treating physician. The treating physician report dated 6/03/14 notes that while the patient is on a relatively high dose of opioid medication she is reporting a greater than 50% pain relief and shows no signs of abuse or cognitive impairment associated with medications. Therefore the request is medically necessary.

Percocet 10-325 mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The patient presents with chronic pain affecting low back and lower extremities over 7 years post injury. The current request is for Percocet 10-325 mg #120. The patient has been taking Percocet for greater than 6 months and has a work status of "as per PTP". MTUS Guidelines states that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Guidelines also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case the treating physician reports dated 1/30/14, 6/03/14, 8/1/14 show that the patient has been re- evaluated within the recommended timetable of every 6 months. In each of these reports the patient's pain level has been assessed and documented. Each report also states the treating physician monitors the 4As and do not lower the medications if the current medication is working as noted on page(s) 89 of the MTUS guidelines. The patient has had no adverse effects or any noted side effects while taking Percocet and has shown a decreased level of pain upon each documented visit to treating physician. The treating physician report dated 6/03/14 notes that while the patient is on a relatively high dose of opioid medication she is reporting a greater than 50% pain relief and shows no signs of abuse or cognitive impairment associated with medications. Therefore the request is medically necessary.

Amitiza 24 mcg capsule #60 with 1 refill: Overturned

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

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 patient presents with chronic pain affecting low back and lower extremities over 7 years post injury. The current request is for Amitiza 24 mcg capsule #60 with 1 refill. The Official Disability Guidelines states, that if prescribing opioids has been determined

to be appropriate, then Official Disability Guidelines recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. 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 steps should be identified to correct this. If the first-line treatments do not work, there are other second-line options. About 20% of patients on opioids develop constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. Constipation drug lubiprostone (Amitiza) shows efficacy and tolerability in treating opioid-induced constipation without affecting patients' analgesic response to the pain medications. Nowhere in the MTUS guidelines or ODG does it recommend against multiple medications to alleviate opioid induced constipation. Patient is on a high dose of opioid medication and constipation is a relatively common side effect of opioid treatment. Therefore the request is medically necessary.

Cymbalta 60mg, delayed release #30 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 43-44.

Decision rationale: The patient presents with chronic pain affecting low back and lower extremities over 7 years post injury. The current request is for Cymbalta 60mg, delayed release #30 with 1 refill. The MTUS guidelines support the usage of Cymbalta for anxiety, depression, diabetic neuropathy, and fibromyalgia. MTUS page(s) 8 states, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." In this case there is no mention of any anxiety, depression, diabetic neuropathy or fibromyalgia. In this case the treating physician is prescribing Cymbalta for neuropathic pain due to radiculopathy. The treating physician has documented that the patient experiences functional improvement with her current medications. Therefore the request is medically necessary.

Gabapentin 300mg #270 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

Decision rationale: The patient presents with chronic pain affecting low back and lower extremities over 7 years post injury. The current request is for Gabapentin 300mg #270 with 1 refill. The MTUS supports the usage of Gabapentin for the treatment of neuropathic pain. In this

case the treating physician has documented that the patient experiences functional improvement with her current medications. Therefore the request is medically necessary.

Lyrica 50mg #90 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: The patient presents with chronic pain affecting low back and lower extremities over 7 years post injury. The current request is for Lyrica 50mg #90 with 1 refill. The MTUS states that Lyrica "has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both." In this case there has been no documentation of treatment of neuropathic pain due to radiculopathy. The treating physician has documented that the patient experiences functional improvement with her current medications. Therefore the request is medically necessary.

Robaxin- 750 750mg #90 with 1 refill: 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 Page(s): 64-65.

Decision rationale: The patient presents with chronic pain affecting low back and lower extremities over 7 years post injury. The current request is for Robaxin- 750 750mg #90 with 1 refill. MTUS page(s) 63 states the following about muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case the treating physician has prescribed this medication as a refill. There is no documentation of any muscle spasms and there is no documentation of an acute exacerbation that would require the usage of Robaxin. Therefore the request is not medically necessary.