

<b>Case Number:</b>	CM14-0186671		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	09/15/1998
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Occupational 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 patient is a 66-year-old male who has submitted a claim for lumbar disc displacement, lumbar nerve root injury, lumbar facet arthropathy, gastritis, left hip arthritis, and vitamin D deficiency associated with an industrial injury date of 9/15/1998. Medical records from 2003 to 2014 were reviewed. The patient complained of persistent low back pain radiating to the lower extremity. The oral medications provided control of pain and allowed him to continue maximal function (brush teeth, cook, dress and shop). Physical examination showed hyporeflexia of the bilateral ankles, restricted lumbar motion, positive straight leg raise test at 30 degrees bilaterally, paralumbar muscle spasm, and normal gait. Urine drug screen from 8/26/2014 showed consistent result with prescription medications. Treatment to date has included lumbar laminectomy in 2001, removal of hardware in 2002, physical therapy, Norco, tramadol, Soma (since 2012), Colace, Zantac (since 2012), Avinza (since 2012), Amitiza (since April 2014), and Senokot (since 2012). The current treatment plan is to cycle down Avinza as part of his comprehensive pain management program. The utilization review from 10/31/2014 denied the request for Avinza 30mg #60; denied Soma 350mg #120; denied Colace 100mg #120; denied Amitiza 24mg #60 with 5 refills because the patient was already prescribed Senokot and Colace; and denied Senokot 8.6 mg #120. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Avinza 30mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Avinza (morphine sulfate).

**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, the patient was prescribed Avinza since 2012. The patient is likewise on adjuvant tramadol and Norco. He reported that the oral medications provided control of pain and allowed him to continue maximal function (brush teeth, cook, dress and shop). Urine drug screen from 8/26/2014 also showed consistent result with prescription medications. The current treatment plan is to cycle down Avinza as part of his comprehensive pain management program. However, the present request as submitted is for quantity 60 tablets which does not reflect the plan to taper off morphine. Therefore, the request for 1 prescription of Avinza 30mg #60 is not medically necessary.

**1 prescription of Soma 350mg #120: 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 Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** As stated on page 29 of CA MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, the patient has been on carisoprodol since 2012. He reported that the oral medications provided control of pain and allowed him to continue maximal function (brush teeth, cook, dress and shop). Although the most recent physical exam still showed evidence of muscle spasm, long-term use of muscle relaxant is not guideline recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for 1 prescription of Soma 350mg #120 is not medically necessary.

**1 prescription of Colace 100mg #120: Overturned**

**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 rationale:** 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 is on opioid therapy (i.e., Norco, Avinza and tramadol) since 2012; hence, prophylactic treatment for constipation has been established. Although the patient does not complain of constipation, the guideline clearly recommends prophylactic stool softener among patients on opioid therapy. Therefore, the request for 1 prescription of Colace 100mg #120 is medically necessary.

**1 prescription of Amitiza 24mg #60 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, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lubiprostone (Amitiza®)

**Decision rationale:** Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. The Official Disability Guideline states that lubiprostone is recommended only as a possible second-line treatment for opioid-induced constipation. In this case, Amitiza has been prescribed since at least April 2014. The patient is likewise on Colace and Senokot therapy. However, the records failed to provide a rationale regarding the concomitant use of these medications for constipation. Prophylactic stool softener is necessary among patients on chronic opioid therapy, however, the request for Colace has already been certified. There is no clear indication for continued use of Amitiza. There is likewise no discussion why 5 refills should be certified at this time. Therefore, the request for Amitiza 24 mg #60 with 5 refills is not medically necessary.

**1 prescription of Senokot 8.6mg #120:** 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: US Food and Drug Administration (Senokot)

**Decision rationale:** As stated on page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. The US Food and Drug Administration states that Senokot is indicated for short-term treatment of constipation, and preoperative and pre-radiographic bowel evacuation or for procedures involving GI tract. In this case, Senokot has been prescribed since at least 2012. The patient is likewise on Colace and Amitiza therapy. However, the records failed to provide a rationale regarding the concomitant use of these medications for constipation. Prophylactic stool softener is necessary among patients on chronic opioid therapy, however, the request for Colace has

already been certified. There is no clear indication for continued use of Senokot. Therefore, the request for 1 prescription of Senokot 8.6mg #120 is not medically necessary.