

Case Number:	CM14-0191692		
Date Assigned:	11/25/2014	Date of Injury:	05/08/2006
Decision Date:	01/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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 Colorado. 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 workers a 59-year-old male injured on May 8, 2006. Post-injury subjective complaints include low back pain with pain to both lower extremities, pain intensity levels ranging from 2-10/10, Current medications include amitriptyline, OxyContin ER 20 mg twice daily, baclofen 10 mg twice daily, gabapentin 600 mg twice daily, oxycodone 10 mg twice daily, Colace one capsule twice daily, Pepcid 20 mg 2 tablets once a day as needed, diazepam 10 mg daily as needed, Norco 10 mg one tablet every 4 hours as needed #150. Examination findings include overt pain behaviors, utilization of a back brace, healed lumbar spine scars, tenderness to the right sacroiliac joint and left flank, positive straight leg raise in the right, sensory deficits in the right anterior L2-3 right posterior L5-S1 dermatomes. Diagnoses include lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, post laminectomy syndrome, lumbar spinal stenosis, status post hardware removal January 16, 2014 without change in symptoms, possible narcotic bowel syndrome. There is documentation of decreasing effectiveness of oxycodone 10 mg twice daily, decreasing effectiveness of gabapentin 1200 mg daily, failed spinal cord stimulator trial about 3-4 years ago, failed lumbar epidural steroid injections, and right sacroiliac joint fusion on August 5, 2014 which improved function. There is documentation on July 3, 2014 of a 30-60% pain relief, reduced pain intensity level from 8-9/10 to 3/10, and improved function secondary to the use of Norco and oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p. [44 references]

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Common Opioid-Induced Adverse Effects; John M. Swegle, Pharm.D., Mercy Family Medicine Residency Program, Mason City, Iowa; Craig Logemann, Pharm.D., Urbandale Family Physicians, Urbandale, Iowa; Am Fam Physician. 2006 Oct 15;74(8):1347-1354. <http://www.aafp.org/afp/2006/1015/p1347.html>

Decision rationale: According to the American Family Physician citation provided, constipation is the most common adverse effect occurring with chronic opioid use. Prophylactic treatments are essential to minimize this complication. The constipating effects of opioids are considered to be dose-related, and tolerance to this symptom rarely develops. A common goal of therapy is for patients to have one bowel movement every one to two days. Nondrug treatments, such as increasing fluid and dietary fiber intake, increasing physical activity, and establishing a toileting routine, should be implemented to minimize the risk of constipation. Monotherapy with stool softeners, such as Colace, is considered ineffective, and therefore the request is not considered medically necessary or appropriate.

Pepcid 20mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Pepcid is an H2-receptor antagonist with an intended use to reduce gastric acid secretion. The MTUS provides the following regarding the use of an H2 receptor antagonist medication: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, although the request for Pepcid was listed for gastrointestinal symptoms including abdominal pain, there is no documentation of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary or appropriate.

Oxycontin ER 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 75, 77, 79, 81, 124.

Decision rationale: The MTUS provides that long-term, observational studies have found that treatment with opioids tends to provide improvement in function and minimal risk of addiction, but many of these studies include a high dropout rate. The MTUS also provides that there is no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. According to the MTUS, the lowest possible dose of an opioid medication should be prescribed to improve pain and function. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. The MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The MTUS provides that continuation of opiate pain medications is indicated if the patient has improved functioning and pain. Also, the proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. The MTUS provides that Oxycontin tablets are NOT intended for use as a prn analgesic. The medical records reflect that the worker had been treated with short-acting opioid medications for an extended period of time. There is documentation regarding considerations to wean the worker from narcotics and to seek the lowest effective dose. There is documentation of a 30-60% pain relief, reduced pain intensity level from 8-9/10 to 3/10, and improved function/activities of daily living secondary to the use of Norco and oxycodone. Therefore, the request for OxyContin is considered medically necessary and appropriate.

Oxycodone 10mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 75, 77, 79, 81, 124.

Decision rationale: The MTUS provides that long-term, observational studies have found that treatment with opioids tends to provide improvement in function and minimal risk of addiction, but many of these studies include a high dropout rate. The MTUS also provides that there is no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. According to the MTUS, the lowest possible dose of an opioid medication should be prescribed to improve pain and function. The MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by

the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The MTUS provides that continuation of opiate pain medications is indicated if the patient has improved functioning and pain. The medical records reflect that the worker had been treated with short-acting opioid medications with intent to seek the lowest effective dose and most effective therapy. There is documentation of a 30-60% pain relief, reduced pain intensity level from 8-9/10 to 3/10, and improved function/activities of daily living secondary to the use of Norco and Oxycodone. Therefore, the request for OxyCodone is considered medically necessary and appropriate.