

Case Number:	CM14-0192527		
Date Assigned:	11/26/2014	Date of Injury:	10/18/1999
Decision Date:	01/22/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/18/2014

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 Practice and is licensed to practice in New Jersey. 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 worker is a 52 year old male who was injured on 10/18/1999. He was diagnosed with lumbosacral radiculitis, lumbago, and cervicgia. He was treated with various medications, including opioids and anti-epileptics. He was also treated with multiple surgeries (lumbar), TENS unit, heat/cold, exercises/stretches, epidural injections, and modified activity. On 9/3/14, the worker requested "bridging Rx for Oxycontin and Oxycodone" without explanation in the progress note. Later, on 9/11/14, the worker was again seen by his treating physician for a more regularly scheduled follow-up and discussed his overall pain level being 3-6/10 on the pain scale and a reported left-sided back and leg pain. He reported taking OxyContin, oxycodone, and Lyrica regularly as well as docusate for his opioid-induced constipation. Physical examination revealed normal gait, no frank weakness, no tenderness, and some weakness in the left leg (hip flexion). He then was recommended to continue his then current medication regimen chronically since he was tolerating them and was experiencing some reduced pain, presumably from the medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #22: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had been taking OxyContin and oxycodone for many months leading up to this request; however, there was insufficient documented evidence that discussed his functional benefit with continual use of these two opioids. The worker's overall average pain level was reported (3-6/10 on the pain scale); however, no report was included of his pain level without these medications as a comparison was found in the notes provided for review. Without this evidence of functional improvement and pain reducing benefits, the request is not medically necessary.

Oxycontin 40mg #22: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had been taking OxyContin and oxycodone for many months leading up to this request; however, there was insufficient documented evidence that discussed his functional benefit with continual use of these two opioids. The worker's overall average pain level was reported (3-6/10 on the pain scale); however, no report was included of his pain level without these medications as a comparison was found in the notes provided for review. Without this evidence of functional improvement and pain reducing benefits, the request is not medically necessary.

Doc-Q-lace 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 www.drugs.com/ppa/docusate.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Opioid-induced constipation treatment; Medscape: Docusate: (<http://reference.medscape.com/drug/colace-dss-docusate-342012#0>)

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Docusate is a surfactant laxative and stool softener used for constipation. It is indicated for short-term use, and is not recommended for chronic use due to the risks of dependence and electrolyte disturbances. In the case of this worker, there was documentation that mentions the worker using docusate for the purpose of compensating for the opioid side effects. No more details were given as to when constipation was first noticed and which other strategies to help his constipation were tried prior to starting this medication chronically. Without any evidence to suggest that he tried and failed first-line strategies for constipation, the request is deemed medically unnecessary.