

<b>Case Number:</b>	CM14-0193635		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	09/15/1998
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Internal 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 injured worker (IW) is a 66-year-old man with a date of injury of September 15, 1998. The mechanism of injury was not documented in the medical record. Pursuant to the clinical note dated September 23, 2014, the IW presents for medication refills in order to remain active. He complains of continued low back pain and left leg pain. He reports that his pain has remained under stable and satisfactory control with his medications. He reports that the pain is most severe in the morning when he wakes up. The oral medication allows him to continue maximal function. The IW is able to perform activities of daily living, drive and shop. Review of systems pertaining to GI includes: Negative for ulcers, hepatitis, hiatal hernia and colitis. He has gastritis from medications. There is no subjective or objective discussion associated with opioid induced constipation. Physical examination reveals bilateral low back muscle spasms. Lumbar spine flexion to 30 degrees with pain at the low back with radiation down the ipsilateral leg. Left leg raised to 30 degrees with pain in the low back with radiation down the ipsilateral leg. Gait is normal. Heel and toe walking is normal. He has left hip pain on internal and external rotation. The IW has been diagnosed with discogenic degenerative lumbar; lumbar nerve root injury; lumbar facet arthropathy; muscle spasm; gastritis; left hip arthritis; Vitamin D deficiency. Current medications include Avinza 30mg, Norco 10/325mg, Soma 350mg, Colace 100mg, Senokot 8.6mg, Amitiza 24mcg, and Zantac 150mg. The IW has been taking Amitiza 24mcg since January 21, 2014. At that time, he was given 5 refills. There is no documentation as to the efficacy of the medications. The IW has been taking the remainder of the aforementioned medications since at least June 13, 2012 in which they were refilled according to clinical documentation. There are no detailed pain assessments or objective function improvement associated with the continued use of these medications. There are 2 urine drug screens in the medical record dated April of 2014, and August 2014, which revealed inconsistent results. The

treating physician is requesting authorization for Avinza 30mg #60, Soma 350mg #120, Colace 100mg #120, Amitiza 24mcg #60 with 5 refills, and Senokot 8.6mg #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Avinza 30mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ongoing, chronic opiate abuse requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is 66 years old with a date of injury September 15, 1998. The injured worker's diagnoses are discogenic degeneration and lumbar spine, lumbar nerve root injury, lumbar facet arthropathy, muscle spasm, gastritis and left hip arthritis. The Avinza was refilled on June 13, 2012. The exact start date is not clear from the medical documentation. The documentation does not contain objective functional improvement associated with the continued use of Avinza (morphine sulfate extended release). The record does not contain detailed pain assessments. Urine drug screen was present in the record from April 2014 and August 2014 that showed inconsistent results. Consequently, absent the appropriate documentation, Avinza 30mg #60 is not medically necessary.

**Soma 350mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Induced Constipation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Muscle relaxants, Soma

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker is 66 years old with a date of injury September 15, 1998. The injured worker's diagnoses are discogenic degeneration

and lumbar spine, lumbar nerve root injury, lumbar facet arthropathy, muscle spasm, gastritis and left hip arthritis. A progress note dated June 13 of 2012 indicates Soma 350 mg was refilled at that time. Soma is indicated for short-term (less than two weeks) use. The treating physician has clearly exceeded the recommended guidelines. Additionally, two urine drug screens from April 2014 and August 2014 showed inconsistent results with the medicines prescribed. Consequently, absent the appropriate compelling documentation for continued Soma use in conjunction with the inconsistent urine drug screens, Soma 350mg #120 is not medically necessary.

**Colace 100mg #120: Upheld**

**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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601113.html>

**Decision rationale:** Pursuant to Medline plus, Colace is a stool softener used on a short-term basis to relieve constipation. Prophylactic treatment of constipation should be initiated after starting opiates. In this case, the injured worker is 66 years old with a date of injury September 15, 1998. The injured worker's diagnoses are discogenic degeneration and lumbar spine, lumbar nerve root injury, lumbar facet arthropathy, muscle spasm, gastritis and left hip arthritis. There is no documentation in the medical record indicating Colace has been assisting with opiate induced constipation. Colace was renewed in a progress note dated June 13 of 2012. Absent the appropriate documentation for the continued use of Colace, Colace 100mg #120 is not medically necessary.

**Amitiza 24mg #60 with 5 refills: 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) Pain (chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a607034.html>

**Decision rationale:** Per Medline plus, Amitiza (lubiprostone) is used to relieve stomach pain, bloating and straining and produce softer and more frequent bowel movements in patients with chronic idiopathic constipation. See attached link for additional details. In this case, the injured worker is 66 years old with a date of injury September 15, 1998. The injured worker's diagnoses are discogenic degeneration and lumbar spine, lumbar nerve root injury, lumbar facet arthropathy, muscle spasm, gastritis and left hip arthritis. Amitiza is a second line drug used for opiate induced constipation and idiopathic chronic constipation. The documentation, however, does not support opiate induced constipation. A progress note dated January 21, 2014 indicates

the Amitiza was started at that time. There were five refills given. The clinical documentation, however, does not support the initiation or continuation of Amitiza. Consequently, Amitiza 24mg #60 with five refills is not medically necessary.

**Senokot 8.6mg #120:** Upheld

**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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601112.html>

**Decision rationale:** Per Medline plus, Senokot is used on a short-term basis to treat constipation. For additional details see attached link. In this case, the injured worker is 66 years old with a date of injury September 15, 1998. The injured worker's diagnoses are discogenic degeneration and lumbar spine, lumbar nerve root injury, lumbar facet arthropathy, muscle spasm, gastritis and left hip arthritis. The documentation shows the injured worker is taking Colace and Amitiza, in addition to, Senokot. The documentation does not support the use of stool softeners. There is no documentation indicating Opiate induced constipation. Additionally, there is no continuing documentation indicating improvement or worsening of constipation. Consequently, Senokot 8.6 mg #120 is not medically necessary.