

Case Number:	CM14-0198416		
Date Assigned:	12/08/2014	Date of Injury:	10/29/1999
Decision Date:	01/21/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/25/2014

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 54-year-old man with a date of injury of October 29, 1999. The mechanism of injury was not documented in the medical record. The IW is being treated for chronic low back pain with radiation into the legs. Current diagnoses are chronic pain; lumbago; disc degeneration, lumbar; post-laminectomy syndrome, lumbar; lumbar radiculopathy; and lumbar canal stenosis. Pursuant to the most recent progress note dated September 4, 2014, the IW is stable on his medications, and has no change in condition. He reports that he needs the current dose of pain medication to perform activities and maintain quality of life. He ambulates with a walker, but uses his scooter most of the time. Lumbar spine examination reveals tenderness to palpation (TTP) at L3 through S1. Bilateral muscle spasms are noted. Flexion, left lateral flexion, and right lateral flexion were restricted and were painful. Special tests were deferred, as the IW is wheel chair bound. Current medications include Baclofen 10mg, Docusate Sodium 100mg, Calcium 1000mg, Copaxone 20mg/ml, Finasteride 5mg, Gabapentin 100mg, Gabapentin 800mg, Garlic 200mg, Oxybutynin Chloride ER 100mg, Oxycodone HCL 5mg, Oxycontin 40mg, Senna S 8.6-50mg, Tamsulosin HCL 0.4mg, Tassigna 200mg, Vitamin B-12 100mcg, and Vitamin C 500mg. After review of the medical record, the documentation indicates that the IW has been taking Oxycodone, and Oxycontin since October of 2008. Subsequent notes from 2009, 2010, 2011, and 2012 to present revealed the same. There were no detailed pain assessments or documentation of objective functional improvement associated with continued use of the stated opioids. In October of 2008, the IW was taking Soma 350mg. Documentation indicates that the IW continued the use of Soma in 2009 through February 2011. The Soma was changed to Flexeril on June 23, 2011. He remained on Flexeril until March 16, 2012, when it was changed to Baclofen 10mg. The IW has remained on Baclofen from 3/16/12 to present. The IW has been taking Docusate Sodium since February of 2011. The IW started taking Senna in

addition to the Docusate Sodium in March of 2012. There were no subjective complaints of constipation or opioid induced constipation. The treating physician states that Senna is to prevent constipation. Documentation indicates that the IW has been taking Gabapentin since October of 2008. There were no detailed pain assessments or documentation of objective functional improvement associated with the ongoing use of Gabapentin. The current request is for Oxycodone 5mg #110, Oxycontin 40mg #30, Baclofen 10mg (quantity not specified), Docusate Sodium 100mg (quantity not specified), Senna S 8.6/50mg (quantity not specified), Gabapentin 100mg (quantity not specified), and Gabapentin 800mg (quantity not specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #110: Upheld

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

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: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 5 mg #110 is not medically necessary. Chronic, ongoing 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, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's diagnoses are chronic pain; lumbago; disc degeneration lumbar; post laminectomy syndrome lumbar; lumbar radiculopathy is; lumbar canal stenosis. The injured worker is 54 years old with the date of injury October 29, 1999. A review of the medical record indicates the injured worker has been taking oxycodone 5 mg since October 2008. Additional progress notes were reviewed and the medication was continued April 2009 and February 2011. There is no documentation in the medical record supporting objective functional improvement with a reduction in the dose and/or frequency of the OxyContin 5 mg or improvement in ADLs. Consequently, after the appropriate clinical documentation and evidence of objective functional improvement, OxyContin 5 mg #110 is not medically necessary.

Oxycontin 40mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, oxycodone 40 mg #30 is not medically necessary. Chronic, ongoing 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, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's diagnoses are chronic pain; lumbago; disc degeneration lumbar; post laminectomy syndrome lumbar; lumbar radiculopathy is; lumbar canal stenosis. The injured worker is 54 years old with the date of injury October 29, 1999. A review of the medical record indicates the injured worker has been taking oxycodone 40 mg since October 2008. Additional progress notes were reviewed and the medication was continued April 2009 and February 2011. There is no documentation in the medical record supporting objective functional improvement with a reduction in the dose and/or frequency of the OxyContin 5 mg or improvement in ADLs. Additionally, Oxycodone 40mg is taken concurrently with oxycontin 5mg. Consequently, after the appropriate clinical documentation and evidence of objective functional improvement, OxyContin 40 mg #30 is not medically necessary.

Baclofen 10mg (unspecified QTY): Upheld

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

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) Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10 mg (unspecified quantity) is not medically necessary. 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. For additional details see the ODG. In this case, the injured worker's diagnoses are chronic pain; lumbago; disc degeneration lumbar; post laminectomy syndrome lumbar; lumbar radiculopathy is; lumbar canal stenosis. The injured worker is 54 years old with the date of injury October 29, 1999. A review of the documentation indicates the injured worker has been taking baclofen 10 mg since March 16, 2012. Baclofen is a muscle relaxant with a short-term indication (not to exceed two weeks). There is no compelling documentation to support the ongoing use of baclofen 10 mg. There is no documentation in the medical record indicating objective functional improvement with a reduction in dose, frequency and total quantity or improvement in ADLs. Additionally, the request does not include a quantity count or instructions for use. Consequently, after the appropriate clinical documentation and adherence to the official disability guidelines, baclofen 10 mg (unspecified quantity) is not medically necessary.

Docusate Sodium 100mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates <http://www.drugs.com/cdi/colace.html>

Decision rationale: Pursuant to the Official Disability Guidelines, docusate sodium 100 mg is not medically necessary. The guidelines indicate prophylactic treatment of constipation should be initiated. Colace is used for relieving occasional constipation and preventing dry and hard stools. For additional details see attached link. In this case, the injured worker's diagnoses are chronic pain; lumbago; disc degeneration lumbar; post laminectomy syndrome lumbar; lumbar radiculopathy is; lumbar canal stenosis. The injured worker is 54 years old with the date of injury October 29, 1999. A review of the medical record indicates the injured worker was taking Docusate (Colace) since February 2011. Further review of the medical records did not show documentation of constipation or opiate induced constipation. Consequently, absent the appropriate clinical documentation required to continue Colace, Docusate sodium 100 mg is not medically necessary.

Senna S 8.6/50mg: Upheld

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

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/natural/652.html>

Decision rationale: Pursuant to Medline plus, Senna S .6/50 mg is not medically necessary. Senna S is an FDA approved nonprescription laxative. See attached link for details. In this case, the injured worker's diagnoses are chronic pain; lumbago; disc degeneration lumbar; post laminectomy syndrome lumbar; lumbar radiculopathy is; lumbar canal stenosis. The injured worker is 54 years old with the date of injury October 29, 1999. A review of the medical record does not indicate the injured worker was suffering constipation. Additionally, the injured worker is already taking Colace. Consequently, absent the appropriate clinical documentation to support the use of Senna S, Senna S is not medically necessary.

Gabapentin 100mg (unspecified QTY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Gabapentin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 100 mg (unspecified quantity) is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is an anti-epilepsy drug (AED). It is a first-line drug for neuropathic pain. In this case, the injured worker's diagnoses are chronic pain; lumbago; disc degeneration lumbar; post laminectomy syndrome lumbar; lumbar radiculopathy is; lumbar canal stenosis. The injured worker is 54 years old with the date of injury October 29, 1999. A review of the medical record indicates gabapentin 100 mg has been used by the injured worker since October 2008. A trial period is recommended between three and eight weeks titration with one to two weeks at maximum tolerated doses. If inadequate control of pain is found it is recommended the patient be switched to another first-line agent. The documentation does not reflect the injured worker met the criteria. There is no objective evidence of functional improvement as the patient did not show a 30% reduction in symptoms. Additionally, the requested not include the gabapentin quantity ordered. Consequently, absent the appropriate clinical response with objective functional improvement, gabapentin 100 mg (unknown quantity) is not medically necessary.

Gabapentin 800mg lhunter@wsandco.com: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Gabapentin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 800 mg (unspecified quantity) is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is an anti-epilepsy drug (AED). It is a first-line drug for neuropathic pain. In this case, the injured worker's diagnoses are chronic pain; lumbago; disc degeneration lumbar; post laminectomy syndrome lumbar; lumbar radiculopathy is; lumbar canal stenosis. The injured worker is 54 years old with the date of injury October 29, 1999. A review of the medical record indicates gabapentin 800 mg has been used by the injured worker since October 2008. A trial period is recommended between three and eight weeks titration with one to two weeks at maximum tolerated doses. If inadequate control of pain is found it is recommended the patient be switched to another first-line agent. The documentation does not reflect the injured worker met the criteria. There is no objective evidence of functional improvement as the patient did not show a 30% reduction in symptoms. Additionally, the requested not include the gabapentin quantity ordered. Consequently, absent the appropriate clinical response with objective functional improvement, gabapentin 800 mg (unknown quantity) is not medically necessary.