

Case Number:	CM14-0202556		
Date Assigned:	12/15/2014	Date of Injury:	03/31/2005
Decision Date:	02/17/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/03/2014

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, has a subspecialty in ENTER SUBSPECIALTY 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:

Injured worker is a male with date of injury 3/31/2005. Per primary treating physician's progress report dated 11/6/2014, the injured worker complains of back pain rated at 10/10 at its worst without medications and on average 7/10 with medications. He reports his low back pain has been aggravated although no significant change with back pain pattern. He continues to report insomnia and daytime fatigue. He has been on MS Contin 200 mg every 12 hours, and reports doing well with MS Contin. On examination his right shoulder has tenderness with range of motion. Impingement test and Hawkins test are positive. Back exam reveals intact incision scars and no evidence of scoliosis. There is tenderness to palpation. Lumbar spine testing shows decreased range of motion in flexion, extension, lateral flexion, and rotation. There is no significant weakness with bilateral and lower extremities. Sensation is decreased to pinprick at the bilateral upper and lower extremities. Reflexes are symmetrical with upper extremity 1+ brachioradialis and 1+ biceps, lower extremity 0 patellar and 0 Achilles. Gait is supportive with the use of a cane and poor toe/heel walk. Diagnoses include 1) status post a truck roll-over accident 2) closed head injury and head laceration 3) back injury with chronic low back pain, status post lumbar laminectomy, L3-4, with posterior lumbar interbody fusion, L3-4, and posterior spinal fusion, L3-4 and L4-5, on August 30, 2008 4) cervical sprain/strain 6) right shoulder injury status post surgery with impingement and decreased range of motion 7) depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is currently prescribed a 250 mg morphine equivalent dose (MED) daily, when the recommended ceiling is 120 mg MED. The utilization review modified this request to #60 to allow for weaning along with the continued use of Oxycodone. Although the injured worker is under the care of a pain specialist, there is not objective evidence that the injured worker is experiencing significant functional improvement with the use of MS Contin. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for MS Contin 100mg #120 is not medically necessary.

Senna Lax 8.6mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use section Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-Induced Constipation Treatment section

Decision rationale: The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is noted be treated with relatively high dose opioid medications. Utilization review modified this request to not approve the three refills because it was recommended that the injured worker be weaned from opioid pain medications. Although weaning was recommended it is not likely that the injured worker will become free of opioid use in the near future and will continue to need prophylactic treatment of constipation. The request for Senna Lax 8.6mg #60 with 3 refills is medically necessary.

Amitiza 24mcg #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 Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use section Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-Induced Constipation Treatment section

Decision rationale: The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is noted be treated with opioid medications, and occasionally reports problems with constipation. Utilization review reports that since Senna is approved, there is not a need for another laxative. Senna is a stimulant laxative, and Amitiza increases water content. The actions of these two medications can complement each other to treat opioid induced constipation. The request for Amitiza 24mcg #60 with 2 refills is not medically necessary.

Promethazine 25mcg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 chapter, Antiemetics (for opioid nausea)

Decision rationale: The MTUS Guidelines do not address the use of promethazine. The ODG does not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. Promethazine is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia is also associated with use and anticholinergic effects can occur. The requesting physician reports that promethazine is to be use twice a day. The medical report indicates that GI is doing fine with Prilosec. There is no report of nausea in review of systems or in the history. The request for Promethazine 25mg #60 is not medically necessary.

Neurontin 600mg #90 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 Antiepilepsy Drugs (AEDs) Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The injured worker may have some neuropathic pain based on the clinical reports. His pain is controlled from 10/10 down to 7/10 with the use of medications which include relatively high dose of opioid pain medications. There is no report of how effective the use of Neurontin is. There is also no objective evidence of functional improvement as a result of treatment with Neurontin. The request for Neurontin 600mg #90 with 2 refills is not medically necessary.

1 Ketoralac injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-7s.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Toradol is specifically not indicated for chronic pain. The requesting physician reports that ketoralac injection is provided for acute pain exacerbation. The medical report indicates that the injured worker presents with 6/10 pain, which is lower than the average pain 7/10 with medications, and 10/10 worse pain without medications. There is no report of acute pain exacerbation in the history or identified on examination. The request for 1 Ketoralac injection is not medically necessary.

1 Urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The request for 1 urine drug screen is medically necessary.