

Case Number:	CM14-0206962		
Date Assigned:	12/18/2014	Date of Injury:	09/22/1999
Decision Date:	02/23/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 63 year old male with an injury date of 09/22/99. Based on progress report dated 10/27/14, the patient complains of neck pain and low back pain radiating to the left thigh to produce numbness. The pain is rated at 5/10. Physical examination reveals tenderness in the low back along with decreased sensation in left lateral thigh. As per progress report dated 06/26/14, the patient has low back pain that radiates to lower extremities. He was diagnosed with conus medullaris spinal cord injury, status post thoracolumbar fusion, spasticity, neurogenic bowel and bladder, and psychosocial issues. Diagnoses, 10/27/14:- Status post lumbar laminectomy syndrome - Status post lumbar fusion The treating physician is requesting for (a) COLACE 100 mg, # 60 WITH 5 REFILLS (b) MELOXICAM 7.5mg, # 30 WITH 5 REFILLS (c) TIZANIDINE 4 mg, # 60 WITH 5 REFILLS (d) FENTANYL 25 mcg, # 10. The utilization review determination being challenged is dated 11/11/14. Treatment reports were provided from 06/26/14 - 12/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg, #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), Opioid-Induced Constipation Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Pain (Chronic)' and topic 'Opioid-induced constipation treatment'.

Decision rationale: The patient presents with pain in the neck and in the low back that radiates to the left thigh to produce numbness, as per progress report dated 10/27/14. The request is for Colace 100mg, # 60 with 5 refills. The pain is rated at 5/10. The patient is also status post lumbar laminectomy syndrome and lumbar fusion (date not provided), as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines, page 77, under the heading: Therapeutic Trial of Opioids state that "... Prophylactic treatment of constipation should be initiated." ODG Guidelines, chapter 'Pain (Chronic)' and topic 'Opioid-induced constipation treatment', state "Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool." In this case, the first prescription for Colace is noted in progress report dated 10/27/14. The patient is using Fentanyl patch, as per the same report. However, the patch is not new. The patient has been using it since 2002, as per the addiction medicine evaluation dated 12/09/14 (after the denial date). A prescription for Oxycodone was noted in progress report dated 06/26/14 but has not been seen since then. There is no documentation of constipation or how Colace has been helpful. The treating physician also does not discuss the need for Colace with 5 refills. Hence, the UR modification of 1 prescription of # 60 without refills appears reasonable at this stage. This request is not medically required.

Meloxicam 7.5mg, #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61; 22.

Decision rationale: The patient presents with pain in the neck and in the low back that radiates to the left thigh along with numbness, as per progress report dated 10/27/14. The request is for Meloxicam 7.5mg, # 30 with 5 refills. The pain is rated at 5/10. The patient is also status post lumbar laminectomy syndrome and lumbar fusion (date not provided), as per the same progress report. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Mobic (another NSAID) was first noted in progress report dated 07/01/14. The patient has been

taking the medication consistently since then. The prescription for Meloxicam was first noticed in the Request for Authorization form dated 11/04/14. The treating physician does not explain the reason for this switch. Additionally, the progress reports do not discuss a change in pain scale or an improvement in function, as required by MTUS. The UR has modified the request to # 30 with 1 refill. This appears reasonable; hence, the request is not medically necessary.

Tizanidine 4mg, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain in the neck and in the low back that radiates to the left thigh along with numbness, as per progress report dated 10/27/14. The request is for Tizanidine 4mg, # 60 with 5 refills. The pain is rated at 5/10. The patient is also status post lumbar laminectomy syndrome and lumbar fusion (date not provided), as per the same progress report. MTUS Guidelines pages 63-66 states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, the patient has consistently received Zanaflex since at least 07/01/14. The available progress reports, however, do not discuss muscle spasms. Additionally, the treating physician does not discuss any improvement in pain or function due to the use of the medication. The reports lack the information required to make a determination based on MTUS. The UR has modified the request to I prescription of # 60 with 1 refill which appears reasonable. This request is not medically necessary.

Fentanyl 25mcg, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in the neck and in the low back that radiates to the left thigh along with numbness, as per progress report dated 10/27/14. The request is for Fentanyl 25mcg, # 10. The pain is rated at 5/10. The patient is also status post lumbar laminectomy syndrome and lumbar fusion (date not provided), as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs (activities of daily living), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription

for Fentanyl was first noted in progress report dated 07/01/14. The available progress reports do not discuss a change in pain scale. An addiction medicine evaluation report dated 12/09/14 (after the UR denial date), however, states that the patient took low dose Vicodin until 2002 and then changed to Fentanyl patch and did not take any other opioid since then. The report states that the patch provides 30% pain relief. The evaluator also states that without the patch, the patient is unable to walk but with the patch "He is currently able to walk and do some mild activities, but clearly does not have significant improvement in activities of daily living so he can function fully, as I believe he can eventually." The progress reports, on the contrary, do not document any specific improvement in function. Also, the addiction medicine evaluation states that states that the patient is not addicted to opioid medications but has some side effects." In progress report dated 10/27/14, the treating physician states that the patient is "tolerating the medications," but does not provide any other details. There are no urine drug screens available for review. All the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior, should be addressed clearly. Additionally, in progress report dated 10/01/14, the treating physician states that the patient "would like to come off the patches." The UR has modified the request to # 5. This appears reasonable for weaning. This request is not medically necessary.