MAXIMUS Federal Services

Case Number:	CM15-0001069		
Date Assigned:	01/12/2015	Date of Injury:	02/23/2004
Decision Date:	03/06/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 is a 61 year old male, who sustained an industrial injury on February 23, 2004, slipping and twisting the left knee. The injured worker reported immediate onset of pain and swelling in the left knee. The diagnoses have included cervical spine strain and strain, lumbosacral sprain, depression, and bilateral knee sprain and strain. Treatment to date has included left knee arthroscopic surgery on July 31, 2014, medications, lumbar and cervical steroid injections, physical therapy, and psychiatric treatment. Currently, the injured worker complains of low back pain, bilateral leg pain, headaches, right knee pain, residual left knee pain, bilateral hip pain, residual numbness in hands, bilateral shoulder pain, insomnia, constipation, and cramping of the upper and lower extremities. A Pain Management Consultation dated November 19, 2014, noted the physical examination showing improved range of motion to the left knee with minimal tenderness. The injured worker was noted to have a reduction in pain following a lumbar epidural steroid injection administered on October 20, 2014, noting an ability to reduce the opioid analgesics as a result of the combination of the epidural injection in the low back, the epidural injections in the neck, and the left knee surgery. On December 12, 2014, Utilization Review non-certified the requests for Tizanidine (Zanaflex) 4mg, and modified the requests for Hydrocodone/APAP (Norco) 10/325mg, Pantoprazole (Protonix) 20mg, Synovacin (Glucosamine Sulfate) 500mg, Tizanidine (Zanaflex) 4mg, and Promolaxin (Docusate Sodium) 100mg. The UR Physician noted a gradual opioid reduction program was planned, with modification of the Hydrocodone/APAP (Norco) 10/325mg to Hydrocodone/APAP (Norco) 10/325mg #120 citing the MTUS Chronic Pain Medical Treatment Guidelines and Non-MTUS

guidelines. The UR Physician noted medical necessity had been partially established for the Pantoprazole (Protonix) 20mg, with partial certification of Pantoprazole (Protonix) 20mg #60, citing the MTUS Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors, and Non-MTUS guidelines. The request for Synovacin (Glucosamine Sulfate) 500mg was noted to have medical necessity partially established with partial certification of Synovacin (Glucosamine Sulfate) 500mg #90, citing the MTUS Chronic Pain Medical Treatment Guidelines. The Tizanidine (Zanaflex) 4mg was recommended for non-certification as it was questionable that the injured worker still had residual muscle spasms of the upper and lower extremities, citing the MTUS Chronic Pain Medical Treatment Guidelines. Medical necessity had been partially established for the Promolaxin (Docusate Sodium) 100mg, with partial certification of Promolaxin (Docusate Sodium) 100mg #100, citing the MTUS Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines (ODG), Pain Chapter, and Non-MTUS guidelines. On January 5, 2015, the injured worker submitted an application for IMR for review of Hydrocodone/APAP (Norco) 10/325mg, Pantoprazole (Protonix) 20mg, Synovacin (Glucosamine Sulfate) 500mg, Tizanidine (Zanaflex) 4mg, and Promolaxin (Docusate Sodium) 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone / APAP (Norco) 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy for Chronic Pain Page(s): 50, 63, 68, 77-81. Decision based on Non-MTUS Citation http://www.americanpainsociety.org/uploads/pdfs/opioid_final_evidence_report.pdf

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, it was reported that he was able to reduce his opioid use since his most recent epidural injection, which lowered his pain level. Continuing the Norco at the same doses as previously used would be inappropriate considering he was requiring less medication at the time. Regardless, however, there was no number of pills included in the request submitted. Therefore, the Norco will not be considered medically necessary at this time, due to an incomplete request submission.

Pantoprazole (Protonix) 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68; 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs); Food and Drug Administration (FDA), Pantoprazole (Protonix)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no history found which would have classified him as being at an elevated gastrointestinal risk. He reportedly used Protonix for symptoms related to his opioid medications, which isn't an approved reason for continuing high doses of protonix (20 mg twice daily). Also, there was no number of pills included in the request submitted. Therefore, the pantoprazole will not be considered medically necessary at this time.

Synovacin (Glucosamine Sulfate) 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: The MTUS Chronic Pain Guidelines state that glucosamine with or without chondroitin is recommended as an option to treat moderate arthritis, especially for knee osteoarthritis. Although some studies are conflicting and many different products and doses are available, it is still recommended due to its low risk. The best results were of glucosamine sulfate. Glucosamine hydrochloride has had less studies to evaluate its effectiveness. In the case of this worker, there was evidence of some benefit and functional gains related to Synovacin use. However, the However, there was no number of pills included in the request submitted. Therefore, the Synovacin will not be considered medically necessary at this time, due to an incomplete request submission.

Tizandine (Zanaflex) 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants Page(s): 63.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was no evidence submitted for benefit with the use of chronic muscle relaxants. Regardless, tizanidine is not approved or recommended for chronic use for the diagnoses submitted. Also, there was no number of pills included in the request submitted. Therefore, the tizanidine will not be considered medically necessary at this time.

Promolaxin (Docusate Sodium) 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Promolaxin (Docusate Sodium) 100mg Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-Induced Constipation Treatment; Food and Drug Administration (FDA), Sodium Docusate (http://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 Pain section, Opioid-induced constipation treatment Medscape: Colace: (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. Colace 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 evidence that docusate was helpful with correcting the opioid-induced constipation. However, it was not clear in the documentation provided for review whether or not the worker had implemented or was currently using first-line therapies without complete success to warrant chronic use of docusate. Therefore, the Promolaxin will be considered medically unnecessary without this documented evidence.