

Case Number:	CM15-0001845		
Date Assigned:	01/13/2015	Date of Injury:	04/25/2005
Decision Date:	03/13/2015	UR Denial Date:	12/09/2014
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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male who reported an injury on 04/25/2005. His mechanism of injury was a motor vehicle accident. His diagnoses included postlaminectomy syndrome, lumbar region; lumbago; thoracic lumbosacral neuritis radiculitis; injury to lumbosacral plexus. His past treatments have included pain medication, bracing, epidural steroid injections, physical therapy, work modification, pain medication. His diagnostic studies included a lumbar myelogram on 05/10/2012, CT of lumbar spine on 08/06/2010. His surgical history is not included. The clinical note dated 10/21/2014 documented the injured worker had complaint of severe right leg pain, average pain since last visit was 7/10 to 8/10, he had poor sleep quality due to pain. He stated sitting caused low back pain with radicular symptoms to the right leg/foot. On physical examination it was noted the injured worker had tenderness to the lumbar paraspinal muscles, decreased deep tendon reflexes on the right, positive straight leg raise and pain on the right side of the leg in the L2 and L4 distribution. His medications included Aciphex, Ambien, Colace, Cymbalta, Fentora, Fortesta, Lexapro, methadone, MS Contin, oxycodone, Zanaflex. His treatment plan included to continue work as tolerated, hold authorization for lamilead implant, request a new lumbar brace, review medication management, on hold for intrathecal pump trial, hold on CT scan of lumbar spine, hold authorization for right SI joint injection, recommend a continuing supply for catheters, etc. Rationale for the request is pain management. The request for authorization form is signed and dated 11/25/2014 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methadone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The request for methadone 10 mg #90 is not medically necessary. The injured worker had complaint of pain rated at a 7/10 to 8/10. The California MTUS Guidelines state there are 4 domains that have been proposed as most relevant for ongoing monitoring for chronic pain patients on opioids. Those are pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug related behaviors. Documentation indicates the injured worker has had a urine drug screen, the last one recorded on 06/13/2013. There is not a more recent one recorded in the medical record, nor is there a review of CURES report. There is a lack of documentation regarding objective functional improvement with a pain medication, side effects of the medication. The request does not indicate if the methadone is scheduled, or as needed. There is a lack of dosing instructions with the request. The request for methadone 10 mg #90 is not indicated at this time. It should be noted however that this medication is recommended for weaning. The request for methadone 10 mg #90 is not medically necessary.

1 prescription of MS Contin 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The request for MS Contin 30 mg #180 is not medically necessary. The injured worker had complaints of pain rated at a 7/10 to 8/10. According to the California MTUS Guidelines there are 4 domains that have been proposed as most relevant for ongoing monitoring for chronic pain patients on opioids. Those are pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug related behaviors. The most current urine drug screen recorded in the medical record is dated 06/13/2013, there is no review of CURES report, there is a lack of documentation regarding objective functional improvement with this medication, there are no side effects documented. The request does not include dosing information. The request for MS Contin 30 mg #180 is not indicated at this time. However it is a medication recommended for weaning. The request for MS Contin 30 mg #180 is not medically necessary.

1 prescription of Oxycodone 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The request for oxycodone 20 mg #120 is not medically necessary. The injured worker had complaints of pain that he rated at a 7/10 to 8/10. According to the California MTUS Guidelines there are 4 domains that have been proposed as most relevant for ongoing monitoring for chronic pain patients on opioids. Those are pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug related behaviors. The most recent recorded urine drug screen in the medical record was dated 06/13/2013, there is a lack of a recent CURES review, a lack of documentation regarding objective functional improvement with this medication, if the injured worker experienced any side effects. The request does not include dosing information. The request for oxycodone 20 mg #120 is not indicated at this time; however, this medication is recommended for weaning. The request for oxycodone 20 mg #120 is not medically necessary.

1 prescription of Fentora 600ugm #56: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The request for Fentora 600 ugm #56 is not medically necessary. The injured worker had complaints of pain he rated at a 7/10 to 8/10. The California MTUS Guidelines state there are 4 domains that have been proposed as most relevant for ongoing monitoring for chronic pain patients on opioids. Those are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The most recent recorded urine drug screen in the medical record was dated 06/13/2013; there should be a more recent one; there is a lack of documentation of recent CURES review; of objective functional improvement with the medication; any side effects the injured worker is having with this medication. The dosing information is not included in the request. The request for Fentora 600 ugm #56 is not indicated at this time. This medication is recommended for weaning. The request for Fentora 600 ugm #56 is not medically necessary.

1 prescription of Aciphex 20mg #30: Upheld

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

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

Decision rationale: The request for Aciphex 20 mg #30 is not medically necessary. The California MTUS Guidelines state that it should be determined if the injured worker is at risk for gastrointestinal events. The symptoms of a patient at risk include an age of greater than 65 years; a history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; high dose/multiple NSAIDs. The injured worker does not have a history of peptic ulcer, GI bleeding, or perforation noted in his medical record. The request for Aciphex does not include any dosing information. The request is not indicated at this time. The request for Aciphex 20 mg #30 is not medically necessary.

1 prescription of Zanaflex 4mg: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension; and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is a lack of documentation regarding instances of muscle spasms; or the benefit of this medication for the injured worker. The request does not include dosing information for the Zanaflex. The request for Zanaflex 4 mg is not indicated at this time. The request for Zanaflex 4 mg is not medically necessary.

1 prescription of Fortesta 2% 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: The request for Fortesta 2% is not medically necessary. The California MTUS Guidelines state that testosterone replacement for hypogonadism related to opioids is recommended in limited circumstances for patients taking high dose long term opioids with documented low testosterone levels. There is a lack of documentation regarding the injured worker's testosterone levels. The request does not include dosing instructions. The request for Fortesta 2% is not indicated at this time. The request for Fortesta 2% is not medically necessary.

1 prescription of Ambien 10mg #45: Upheld

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

Decision rationale: The California MTUS/ACOEM Guidelines do not address the request for Ambien. The Official Disability Guidelines state that Ambien is a prescription short acting non benzodiazepine hypnotic, which is recommended for short term (7 to 10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. There is not been documentation of a recent urine drug screen CURES review. The guidelines state that Ambien should be used short term, 7 to 10 days. The request does not include dosing instructions. The request for Ambien 10 mg #45 is not indicated at this time. The request is not medically necessary.

Unknown prescription of Colace: 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, Opioid-induced constipation treatment.

Decision rationale: The request for Colace is not medically necessary. The California MTUS/ACOEM Guidelines do not address the request for Colace. The Official Disability Guidelines state that opioid induced constipation treatment is recommended. The first line is when prescribing an opioid, and especially if it would be needed for more than a few days, there are simple treatments that should be identified first to correct this. Those simple treatments include increasing physical activity, maintaining appropriate hydration, and advising the injured worker to follow a proper diet rich in fiber. If the first line treatments do not work, there are other second line options. An oral formulation of methylnaltrexone met the primary and key secondary endpoints in the study that examined its effects in relieving constipation related to opioid use for non cancer related pain. Constipation drug lubiprostone shows efficacy and tolerability in treating opioid induced constipation without affecting the injured worker's analgesic response to the pain medications. Nucynta has improved gastrointestinal tolerability for patients complaining of constipation, nausea, and/or vomiting. There request for Colace does not include the strength of the medication or dosing information. The request for Colace is not medically necessary.

Unknown prescription of Cymbalta: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The request for Cymbalta is not medically necessary. The California MTUS Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and a possibility for non neuropathic pain. There is a lack of documentation in the medical record indicating the rationale for the use of the medication Cymbalta, whether it is for chronic pain or if it is for depression. The request does not include the strength of the medication, nor does it include how many the request is for, or any dosing information. The request for Cymbalta is not medically necessary.

1 new lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The request for 1 new lumbar brace is not medically necessary. The ACOEM Guidelines state that corset for treatment of low back complaints is not recommended. The documentation submitted for review does not indicate how long the injured worker has had the previous back brace, and the ACOEM Guidelines specifically state that the information did not meet the criteria for research based evidence to justify the corset for treatment. Therefore, the request for a lumbar brace is not medically necessary.

Unknown continuing supply for catheters: 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: Chartier-Kastler, E., & Denys, P. (2011). Intermittent catheterization with hydrophilic catheters as a treatment of chronic neurogenic urinary retention. *Neurourology and urodynamics*, 30(1), 21-31.

Decision rationale: The request for unknown continuing supply for catheters is not medically necessary. There is a lack of documentation as to the diagnoses and reasons why the injured worker needs a supply for catheters. There is a lack of documentation as to whether he self catheterizes, or if he has home health do it. The request does not include a quantity to the supply, nor does it include the size of the catheters. Therefore, the request for unknown continuing supply for catheters is not medically necessary.