

Case Number:	CM15-0004453		
Date Assigned:	01/15/2015	Date of Injury:	12/08/2010
Decision Date:	03/20/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/08/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 female, who sustained an industrial injury on December 8, 2010. She reported falling on wet floor and back pain. The diagnoses include lumbar fusion with discectomy, post lumbar laminectomy syndrome, lumbar radiculopathy, lumbar degenerative disc disease (DDD) and back pain. Past medical history included hypertension and type 1 diabetes. Treatment to date has included piriformis injection, transforaminal epidural steroid injection, sacroiliac joint steroid injection, lumbar medial branch block, microdiscectomy L5-S1 followed by spinal fusion with discectomy L4-5 and L5-S1, participation in a functional restoration program, chiropractic treatment, acupuncture, H-wave unit, transcutaneous electrical stimulation (TENS) unit, and medications. Currently, the injured worker complains of increased low back pain with medication induced constipation. An agreed medical examination (AME) in March 2012 notes that at that time, the injured worker had not worked since the date of the injury in December 2010. It is also noted that a series of four injections in the lumbar spine were performed without relief. Medications in March 2012 were noted to include norco, lyrica, gabapentin, ibuprofen, fentanyl patch, lidoderm patch, and muscle joint cream, as well as medications for hypertension and diabetes. Work status in 2013 was noted to be temporarily totally disabled. Medications in December 2014 were noted to include gabapentin, docusate, senokot, norco, duragesic patch, and flexeril. Progress notes documented that a signed narcotic pain medication agreement was on file. Multiple urine drug screens were noted to be inconsistent with prescribed medications, including two which were positive for methadone in 2013 and 2014, which was not prescribed, and one positive for valium in 2014, which the injured worker

stated she was receiving from an alternate provider; another urine drug screen in 2011 was noted to be inconsistent with prescribed medications. The physician progress notes documented continued pain. The progress note of December 3, 2014 documents that activities of daily living such as bathing, dressing, and caring for her home were improved with medications. Work status remained temporarily totally disabled. Physical examination showed decreased range of motion of the lumbar spine, paravertebral spasm and tenderness, positive straight leg raising on the right side, motor examination limited by pain but muscle groups tested 5 to 5 minus out of 5 in strength, and decreased sensation to light touch over the medial foot, medial calf, lateral calf, and anterior thigh on the right side. On December 24, 2014 Utilization Review non-certified a request for Norco 10/325mg 120 count, one caudal epidural steroid injection with catheter, Duragesic 75mcg/hr patch 15 count, Docusate sodium 250mg 60 count and Senokot 8.6mg 60 count. The Medical Treatment Utilization Schedule (MTUS) guidelines were cited by Utilization Review in the determination. This decision was subsequently submitted for Independent Medical Review (IMR).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

Decision rationale: Norco and fentanyl have been prescribed since at least 2012. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. Although there was documentation of a signed narcotic pain medication contract on file, this was not submitted. Urine drug screens were performed with several noted to be inconsistent with prescribed medications, with findings of methadone and valium which had not been prescribed, and documentation that the injured worker stated that she obtained valium from an alternate provider. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Although some activities of daily living were noted to be improved with medications, no specific medication was noted to have led to the improvement in activities of daily living. Work status remained temporarily totally disabled, and the documentation notes that the injured worker had not worked for years. No specific functional goals were documented. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. The urine drug screens results that are available reflect patient behavior not consistent with that which is

expected for a continuation of chronic opioid therapy. The records show that this injured worker may be receiving opioids and other habituating medications from more than one physician. The MTUS recommends that patients receive their medication from one physician and one pharmacy. Norco is not medically necessary based on the lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

One caudal epidural injection with catheter: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): p. 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. An epidural steroid injection must be at a specific side and level. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. The records document prior injections did not provide relief. Physical examination showed decreased sensation in the right leg but no loss of strength. The documentation also notes that the last magnetic resonance imaging was performed before the injured worker's spinal fusion surgery, and that electrodiagnostic studies in November 2014 were consistent with peripheral neuropathy, although lumbar radiculopathy could not be ruled out as the procedure was not completed. Due to lack of adequate documentation of radiculopathy, and lack of specification of the side and level to be treated, the request for one caudal epidural injection with catheter is not medically necessary.

Duragesic 75 mcg/hr patch, fifteen count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

Decision rationale: Norco and fentanyl have been prescribed since at least 2012. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. Although there was documentation of a signed narcotic pain medication contract on file, this was not submitted. Urine drug screens were performed with several noted to be inconsistent with prescribed medications, with findings of methadone and valium which had not been prescribed, and documentation that the injured worker stated that she obtained valium from an alternate provider. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific

pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Although some activities of daily living were noted to be improved with medications, no specific medication was noted to have led to the improvement in activities of daily living. Work status remained temporarily totally disabled, and the documentation notes that the injured worker had not worked for years. No specific functional goals were documented. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. The urine drug screens results that are available reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. The records show that this injured worker may be receiving opioids and other habituating medications from more than one physician. The MTUS recommends that patients receive their medication from one physician and one pharmacy. Fentanyl is not medically necessary based on the lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Docusate sodium 250 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines initiating therapy (with opioids) Page(s): p. 77. Decision based on Non-MTUS Citation chronic pain chapter: opioid induced constipation

Decision rationale: The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. The documentation notes medication induced constipation. The requested opioids have been determined to be not medically necessary, therefore the request for docusate is not medically necessary.

Senokot 8.6 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines initiating therapy (with opioids) Page(s): p. 77. Decision based on Non-MTUS Citation chronic pain chapter: opioid induced constipation

Decision rationale: The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. The documentation notes medication induced constipation. The requested opioids have been determined to be not medically necessary, therefore the request for senokot is not medically necessary.