

Case Number:	CM15-0007503		
Date Assigned:	01/22/2015	Date of Injury:	07/10/2007
Decision Date:	03/19/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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

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 53 year old female, who sustained an industrial injury on July 10, 2007. She has reported lower back pain. Diagnoses include postlaminectomy/fusion syndrome, left greater trochanter bursitis, and left knee strain. In May of 2013, the injured worker underwent a lumbar 2-lumbar 3, lumbar 3-lumbar 4, and lumbar 4-lumbar 5 spinal decompression with laminectomy at lumbar 3 and foraminotomies at lumbar 2-lumbar 3 and lumbar 4-lumbar 5. She has been treated with pain, non-steroidal anti-inflammatory, muscle relaxant, and laxative medications; epidural injection, physical therapy, psychotherapy, and magnetic resonance imaging (MRI). On December 1, 2014, her treating physician reports intermittent lower back pain with pain, numbness, and tingling radiating down the posterolateral portion of the left lower extremity. There was right foot pain with cramping and pain in the toes, numbness and tingling in the distal foot, left groin pain, and jabbing left knee pain in the medial aspect and per patellar region. On December 15, 2014 Utilization Review non-certified a prescription for Senna lax 8.6mg #90 and a prescription for Hydrocodone-Acetaminophen 10/325mg #90. The Senna was non-certified based on the lack of evidence of the injured worker was experiencing constipation. The Hydrocodone-Acetaminophen was non-certified based on the lack of evidence of objective functional improvement from prior use of Norco, information that explains the severity of the injured worker's pain, current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and the injured worker. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical

Treatment Guidelines and the ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna Lax 8.6mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Constipation Page(s): 77.

Decision rationale: The patient presents with unrated low back, left knee, left hip pain, and associated numbness and tingling which radiates down the left lower extremity. The patient's date of injury is 07/10/07. Patient is status post L2-L5 decompression with laminectomy at L3 and foraminotomies at L2-L3, L4-L5 in May 2013. The request is for SENNA LAX 8.6MG #90. The RFA was not provided. Physical examination dated 01/20/15 revealed tenderness and guarding of the lumbar paraspinal muscles, antalgic gait. No other pertinent physical findings are included. The patient is currently prescribed Sprix nasal spray, Meloxicam, Senna, Cyclobenzaprine, and Norco. Diagnostic imaging was not included. Patient is classified as permanent and stationary. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states, " Opioid induced constipation is a common adverse side effect of long-term opioid use." In regards to the requested Senna Lax for the management of this patient's Opioid associated constipation, the medication is not necessary as continued opiate usage is not substantiated. Such medications are appropriate interventions for those undergoing long-term opiate use, though in this case the associated Norco is not supported for continued use owing to a lack of documented efficacy. Therefore, this request IS NOT medically necessary.

Hydrocodone-Acetaminophen 10/325mg # 90: Upheld

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

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 unrated low back, left knee, left hip pain, and associated numbness and tingling which radiates down the left lower extremity. The patient's date of injury is 07/10/07. Patient is status post L2-L5 decompression with laminectomy at L3 and foraminotomies at L2-L3, L4-L5 in May 2013. The request is for HYDROCODONE-ACETAMINOPHEN 10/325 MG#90 - NORCO-. The RFA was not provided. Physical examination dated 01/20/15 revealed tenderness and guarding of the lumbar paraspinal muscles, antalgic gait. No other pertinent physical findings are included. The patient is currently

prescribed Sprix nasal spray, Meloxicam, Senna, Cyclobenzaprine, and Norco. Diagnostic imaging was not included. Patient is classified as permanent and stationary. 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, 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 regards to the requested 90 Norco, the treater has not provided adequate documentation of medication efficacy to continue use. Progress note dated 01/20/15 does not provide rated pain reductions owing to this medication, does not discuss specific functional improvements or aberrant behavior, and does not provide any urine drug screen results. Progress note dated 01/20/15 states: "She reports significant functional improvement of over 50 percent with Norco", there is no other information provided regarding the efficacy this medication. Given the lack of complete "4 A's" documentation as required by MTUS, continued use of this medication cannot be substantiated. The request IS NOT medically necessary.