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| Case Number: | CM15-0008010 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 03/26/2007 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 12/24/2014 |
| Priority: | Standard | Application Received: | 01/14/2015 |

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: Ohio, North Carolina, Virginia
 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:

This 52 year old male sustained an industrial injury on 3/26/07. He subsequently reports chronic back pain radiating to the lower extremities. Prior treatments include a microdiscectomy procedure, acupuncture, epidural injections, chiropractic care, and physical therapy. Current treatments include gabapentin and NSAIDs. He has been off of opioids for 3-4 months because of weaning recommended by utilization review, the physical exam has revealed tenderness and spasm of the lumbar muscles, reduced lumbar range of motion, and positive straight leg testing bilaterally. The UR decision dated 12/24/14 non-certified a Prescription for Norco 10/325MG #120 with 1 Refill and Senokot 8.6-50MG #60 with 1 Refill. The Norco 10/325MG #120 with 1 Refill and Senokot 8.6-50MG #60 with 1 Refill were denied based on California Chronic Pain Medical Treatment guidelines. Opioids have been weaned over several months as a consequence of the absence of objective functional improvement associated with long-term opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definitions and Opioids Page(s): 1, 74-96.

Decision rationale: Patients prescribed opioid chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is evidence of improved pain and functionality and/or the injured worker has regained employment. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. In this instance, the treating physician notes pain levels improved from 9/10 without medications to a 6/10 with medication. Evidence for functional improvement was given as 'can do some ADL's'. No specific examples have been provided regarding what the injured worker could and could not do as a consequence of the medication. Range of motion measurements for the spine remained unchanged for over one year. This reviewer agrees with previous utilization review in that no objective evidence of functional improvement could be located within the medical record. Consequently, Norco 10/325mg #120 x 1 refill is not medically necessary. Weaning should not be necessary as this medication has not been taken for at least 4 months.

Senokot-s 8.6/50mg #60 x 1 refill: 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 Pain (Chronic)

Decision rationale: In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, and then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. 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. Second-line: If the first-line treatments do not work, there are other second-line options. About 20% of patients on opioids develop

constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. In this instance, the injured worker has not been approved for opioids for 3-4 months. Consequently, prophylaxing for and/or treating opioid induced constipation should not be necessary. Thus, Senokot-s 8.6/50mg #60 x 1 refill is not medically necessary.