

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0107663 |                              |            |
| <b>Date Assigned:</b> | 06/12/2015   | <b>Date of Injury:</b>       | 11/29/2013 |
| <b>Decision Date:</b> | 07/13/2015   | <b>UR Denial Date:</b>       | 05/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/04/2015 |

### 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: Preventive Medicine, Occupational 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 62 year old male who reported an industrial injury on 11/29/2013. His diagnoses, and/or impressions, are noted to include: status-post anterior/posterior combined lumbosacral decompression and fusion surgery on 11/6/2014, with residuals. Current computed tomography studies of the lumbar spine are stated to have been done on 4/2/2015. His treatments have included lumbar surgery; lumbar brace; medication management; home exercises/walking; and rest from work. The progress notes of 4/24/2015 reported continued, moderate-severe post-operative lumbar spine pain that radiated to the left lower extremity. Objective findings were noted to include the wearing of his lumbar spine brace for stability and support; slight edema on the left umbilicus; decreased lumbar spine range-of-motion; mild lower extremity weakness; and slight sensory deficits over the bilateral lumbar dermatomes. The physician's requests for treatments were noted to include the continuation of Ultram as needed for pain, and Colace for constipation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Section Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioid-Induced Constipation Treatment Section.

**Decision rationale:** The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is noted be treated with opioid medications, and occasionally reports problems with constipation. The request for Colace 100mg #60 is determined to be medically necessary.

**Ultram 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Weaning of Medications, Tramadol (Ultram) Page(s): 78-80, 93-94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Ultram for an extended period without objective documentation of functional improvement or significant decrease in pain. Additionally, the available documentation does not include an opioid agreement or UDS to confirm compliance. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Ultram 50mg #60 is determined to not be medically necessary.