

Case Number:	CM15-0108050		
Date Assigned:	06/12/2015	Date of Injury:	04/11/2008
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	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: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old male; with a reported date of injury of 04/11/2008. The diagnoses include neck pain, low back pain, and left shoulder pain. Treatments to date have included oral medications; an MRI of the cervical spine on 08/28/2008 which showed central disc protrusion at C4-5, small central disc protrusion at C5-6, and central disc protrusion at C6-7; an MRI of the lumbar spine on 10/13/2010 which showed markedly degenerated L4-5 disc with endplate remodeling, evidence of right-sided laminotomy defect, and advanced degenerative changes at L5-S1; and electrodiagnostic studies of the left lower extremity on 05/01/2012 with normal findings. The progress report dated 04/29/2015 indicates that the injured worker stated that with her medications her pain went down to 4-5 out of 10. Without her medications, her pain could be at a severe level. The injured worker denied any adverse reactions. The objective findings include no acute distress and ability to independently walk without the need of a mobility aid. The progress report dated 03/11/2015 indicates that the injured worker had increased pain in the left shoulder region. The objective findings include mild discomfort and limited cervical spine range of motion in all planes. It was noted that the last urine drug screen was consistent and a signed opioid agreement was in the chart. A progress report dated January 13, 2015 states that the patient's pain is 3-4/10 with medication and 9/10 without medication. The patient is able to be independent with self-care and delight household tasks with the medication. There are no aberrant behaviors noted and no adverse reactions described. The treating physician requested Norco 10/325mg #240, two (2) bottles of Miralax 250 grams, and Fentanyl patch 50mcg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50mcg number twenty (20): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792. 20 - 9792. 26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Fentanyl patch 50mcg number twenty (20), California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Fentanyl patch 50mcg number twenty (20) is medically necessary.

Norco 10/325mg number two hundred and forty (#240): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792. 20 - 9792. 26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco 10/325mg number two hundred and forty (#240), California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Norco 10/325mg number two hundred and forty (#240) is medically necessary.

Miralax/250 grams number two (#2) bottles: 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 ODG Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Miralax/250 grams number two (#2) bottles, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are no recent subjective complaints of constipation. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with Miralax. In the absence of such documentation, the currently requested Miralax/250 grams number two (#2) bottles is not medically necessary.