MAXIMUS Federal Services

Case Number:	CM15-0018121		
Date Assigned:	02/06/2015	Date of Injury:	07/04/2009
Decision Date:	04/01/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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 46 year old male injured worker suffered and industrial injury on 7/4/2009. The diagnoses were lumbago, chronic low back pain, lumbar degenerative joint disease, bilateral sciatic pain, chronic cervical strain, depression, opiate induced constipation, and pain related insomnia. The treatments were medications, H-wave unit and home lumbar traction device. The treating provider reported chronic neck and back pain with radicular symptoms to bilateral lower extremities, left worse than right. The injured worker reports significant constipation from opioid medications. The pain with medications was 4/10 and 7 to 8/10 without medications. On exam there was tenderness to the left cervical region with slightly reduced range of motion. The lumbar spine was tender with positive straight leg raise with atrophy of the left calf. The Utilization Review Determination on 12/31/2014 non-certified: 1. Oxycodone 15mg #180 modified to #68, citing MTUS. 2. DSS Sodium 250mg #30 with 2 refills modified with no refills citing National Clearinghouse Guidelines. 3. Dulcogen 5mg #90 with 2 refills, citing National Clearinghouse Guidelines. 4. Trazodone 150mg #30 with 1 refill, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #180: Overturned

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

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 pain in his neck and lower back. The request is for Oxycodone 15MG #180. The patient is currently taking Norco, Oxycodone, Neurontin, Trazodone, Dulcolax, Colace, Wellbutrin and Xanax. The patient has been utilizing Oxycodone at least 05/06/13. The patient has not worked since February 2011. The QME's 11/14/11 report states "the patient has with a whole person impairment rating of 8% for the cervical spine and 10% for the lumbar spine." Per the 12/05/14 progress report, "the patient does not feel that Norco by itself is strong enough to manage his pain." The patient states that Oxycodone and Neurontin reduce his pain by 40%. His pain is 7-8/10 without medications whereas with his medications his pain is 5/10. The patient's tolerance for walking or standing is limited to 20-30 minutes with the use of his medications, whereas without his medications he is only able to tolerate such as activities for 5-10 minutes at a time and only for a period of about 6 hours during the day. With pain medications, he is able to tolerate upright activities intermittently for a period of at least 12 hours a day. The patient has signed a pain contract and has not exhibited any aberrant behaviors regarding his medications. "Previous attempts to taper of the patient's opiate medications have not been able to successful as they resulted in reduction in his ability to function with activities of daily living." The patient underwent urine drug screenings on 03/15/13 and 06/20/14 with consistent results. Regarding chronic opiate use, MTUS guidelines page 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 4A's 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 this case, the treater mentions that the patient has appropriate drug screen results and has a narcotic contract for opiate monitoring on file. The treater provided documentations regarding all 4 As - ADL's, analgesia, side effects / adverse behavior. The treater provided before / after pain scales showing significant functional improvement with analgesia. All four A's appear to be documented as required by MTUS. The request IS medically necessary.

DSS Sodium 250mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opiates Page(s): 77.

Decision rationale: The patient presents with pain in his neck and lower back. The request is for DSS Sodium 250mg #30 with 2 refills. The patient is currently taking Norco, Oxycodone, Neurontin, Trazodone, Dulcolax, Colace, Wellbutrin and Xanax. MTUS Guidelines page 76-78 discusses prophylactic medication for constipation when opiates are used. In this case, none of

the reports discuss this medication except the request with refills. This patient's medication includes multiple opioids, such as Norco and Oxycodone. One of the patient's diagnoses is opiate related severe constipation. MTUS Guidelines allows for prophylactic use of medication for constipation when opiates are taken. Given this patient's long-term opiate regimen, the requested DSS Sodium IS medically necessary.

Dulcogen 5mg #90 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p. [44 references].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opiates Page(s): 77.

Decision rationale: The patient presents with pain in his neck and lower back. The request is for Dulcogen 5mg #90 with 2 refills. The patient is currently taking Norco, Oxycodone, Neurontin, Trazodone, Dulcolax, Colace, Wellbutrin and Xanax. The patient has been utilizing Dulcogen (Dulcolax) and Colace since 12/26/13 for the patient's opiate related constipation. MTUS guidelines pg. 76-78 discusses prophylactic medication for constipation when opiates are used. MTUS and ODG do not discuss this medication. National Institutes of Health, National Library of Medicine states this medication is a stimulant laxative http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=eac116c1-d109-4c01-8cd4-ba27ddd2ce40. In this case, the medication is indicated for constipation that this patient has. The requested Dulcogen appears reasonable. The utilization review letter on 12/31/14 indicates that the request of Dulcogen with 3 refills was certified on 12/05/14. The request IS medically necessary.

Trazodone 150mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 15-17.

Decision rationale: The patient presents with pain in his neck and lower back. The request is for Trazodone 150mg #30 with 1 refill. The patient is currently taking Norco, Oxycodone, Neurontin, Trazodone, Dulcolax, Colace, Wellbutrin and Xanax. The patient has been utilizing Trazodone since at least 12/26/13. The 12/05/14 report states that "he experiences sedation with Trazodone, but denies any other side effects with this medications." The 04/25/14 progress report states that averaging 4-6 hours of sleep per night with Trazodone, without Trazodone he would probably average 3-4 hours." MTUS Guidelines on antidepressants pages 15 to 17 state, "recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain." Trazodone is also used for insomnia for patients with concurrent depression. In this case,

this patient presents with depression and insomnia, for which this medication may be indicated. The treater provides documentation of this medication's efficacy, stating "averaging 4-6 hours of sleep per night with Trazodone, without Trazodone he would probably average 3-4 hours." The request appears reasonable. However, the utilization review letter on 12/31/14 indicates that the request of Trazodone with 3 refills was certified on 12/05/14. The request IS medically necessary.