

Case Number:	CM15-0130435		
Date Assigned:	07/16/2015	Date of Injury:	11/23/1987
Decision Date:	10/08/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, California

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 is a 75 year old male patient who reported an industrial injury on 11/23/1987. The diagnoses include failed surgical back syndrome; osteomyelitis; lymphedema and cellulitis of the lower extremities. Per the progress notes dated 6/22/2015, he had complaints of worsening, previously-stable, severe and intractable low back pain with alternation right and left leg sciatica, following caudal-to-lumbar epidural steroid injection on 7/25/2013, now with bilateral lower extremity lymphedema secondary to diabetes mellitus and cardiovascular disease, with cellulitis in the bilateral lower extremities; a recent fall on 1/6/2015; bilateral sub-scapular and cephalad thoracic spine spasms and bilateral knee joint instability. The physical examination revealed depression, weak antalgic gait and using walker for ambulation, absence of reflexes at knees and ankles. The medications list includes allopurinol, aciphex, plavix, furosemide, glyburide, lipitor, metformin, miralax, MS contin, MS IR, metoprolol, KCL, lidoderm patch and DOSS 100 mg. He has undergone multiple lumbar laminectomy/fusion surgeries; implantation of an intra-theal pump x 3, right parotidectomy and right hip surgery. His treatments were noted to include diagnostic studies; multiple lumbar laminectomy/fusion surgeries; implantation of an intra-theal pump x 3; successful acupuncture treatments synergistically with successful injection therapy; successful physical therapy; medication management along with intra-theal pump refills; and rest from work. The physician's requests for treatments were noted to include physical therapy; the resumption of acupuncture therapy; Miralax, Dulcolax, Lidoderm; and "MSIR" with MS Contin for breakthrough pain, which complement the intrathecal opiate infusion and that are used successfully to manage his pain that had kept him out of the hospital for over a decade.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 30mg, #300, 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MS IR contains morphine sulfate, which is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to anticonvulsant, antidepressant or lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. The rationale for 300 tablets with 11 refills without a re-evaluation to check response and side effects of this potent opioid medication is not specified in the records provided. Per the cited guidelines, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen,2006)" This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of MSIR 30mg, #300, 11 refills, as submitted, is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. The request is not medically necessary. If this medication is discontinued or decreased, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Physical Therapy (x10) Hr Each over 8-10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS guidelines: Chronic Pain Medical Treatment Guidelines Physical therapy: page 98. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Physical Therapy (x10) Hr Each over 8-10 weeks is not medically necessary for this patient at this time.

MS Contin 60mg, #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MS contin contains morphine sulfate, which is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." Patient had complaints of worsening, previously-stable, severe and intractable low back pain with alternate right and left leg sciatica. He has objective findings on the physical examination-depression, weak antalgic gait and using walker for ambulation, absence of reflexes at knees and ankles. He has undergone multiple lumbar laminectomy/fusion surgeries; implantation of an intra-thecal pump x 3. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Therefore, based on the clinical information obtained for this review the request for MS Contin 60mg, #180 is deemed medically appropriate and necessary for this patient at this time for prn use.

Resume Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: MTUS guidelines: Acupuncture Medical Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines. CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines, "Acupuncture treatments may be extended if functional improvement is documented." Per the records provided, patient has had recently unspecified acupuncture visits for this injury. The requested additional visits in addition to the previously rendered acupuncture sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous acupuncture visits that is documented in the records provided. The medical records provided do not specify any intolerance to pain medications. Response to previous conservative therapy including physical therapy/chiropractic visits and pharmacotherapy is not specified in the records provided. Acupuncture is not medically necessary for this patient at this time.

Refill Miralax Generic 1000 grams/ Bottle 90 day supply with years worth of refills (Dispensed): Overtured

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Other Medical Treatment Guideline or Medical Evidence Thompson Micromedex Clinical Applications a) Polyethylene Glycol 3350.

Decision rationale: Miralax contains polyethylene glycol, which is used for relief of constipation. CA MTUS does not specifically address miralax. Per the cited guidelines, miralax is recommended for the treatment of constipation. Patient is taking opioids, which may cause constipation. The request of the Refill Miralax Generic 1000 grams/ Bottle 90 day supply with years' worth of refills (Dispensed) is medically appropriate and necessary for this patient at this juncture.

Refill Dulcolax 250mg #30 with years worth of refills (dispensed): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Thompson Micromedex FDA labeled use of bisacodyl.

Decision rationale: Per the cited guidelines "Prophylactic treatment of constipation should be initiated" in patient on opioids. According to the Thompson Micromedex FDA labeled indication for dulcolax includes constipation and preparation of bowel for procedure. Patient is on MS contin and MS IR which may cause constipation. However, the pt has been prescribed Miralax

for constipation as well, which is already being deemed as medically necessary. The response to that medication is not specified in the records provided. The need for an additional medication - dulcolax - for constipation is not fully established. Dulcolax is a laxative and is usually prescribed as 5 or 10 mg on a prn basis for occasional use. The medical necessity of the use of 250 mg of dulcolax is not fully established. The rationale for daily use of a laxative along with a year's worth of refills is not specified in the records provided. Chronic frequent or daily use of laxatives is not recommended. The request of Refill Dulcolax 250mg #30 with year's worth of refills (dispensed) is not fully medically necessary for this patient at this juncture.

Continue Lidoderm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of anticonvulsants and antidepressant (with dose, duration and frequency) is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. Continue Lidoderm is not medically necessary for this patient.