

Case Number:	CM15-0133096		
Date Assigned:	07/21/2015	Date of Injury:	05/03/1997
Decision Date:	08/26/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 65 year old male, who sustained an industrial injury on May 3, 1997. Treatment to date has included pain medications, home exercise, and arthroscopic surgery of the right shoulder. Currently, the injured worker complains of right shoulder pain. He rates his pain a 5 on a 10-point scale when using medications and a 9 on a 10-point scale without the use of medications. He reports that his quality of sleep is poor. He reports that his medications are working well and that he is able to perform activities of daily living and function with the aid of medications. His current medication regimen includes OxyContin, gabapentin, Celebrex, Celexa, Silenor, Colace and Senna. On physical examination, the injured worker exhibits guarding upon inspection of the right shoulder. Hawkins and Neer's tests are positive and he has tenderness to palpation over the biceps groove, glenohumeral joint and greater tubercle of the humerus. His left shoulder has restricted range of motion and is limited by pain. The diagnosis associated with the request is right shoulder pain. The treatment plan includes continuation of Colace, Celexa, Senna, OxyContin, Gabapentin and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg capsule #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic) Opioid-Induced Constipation Treatment.

Decision rationale: In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Ultimately, as ongoing opiate therapy is not indicated for the injured worker, the request is not medically necessary.

Oxycontin 20mg tablet #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the documentation submitted for review it was indicated that the injured worker rated his pain 8/10 without medications and 5/10 with medications. He stated he was able to perform activities of daily living and function with his medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. CURES was checked 7/2014 and was appropriate. The medical records indicate that the injured worker had a urine drug screen on 6/3/15, and it was positive for alcohol. The report was not provided. Absent evidence of appropriate medication use, medical necessity cannot be affirmed.

Senna SIG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: Per MTUS CPMTG, when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The treating provider indicated to continue Senna for

constipation as the injured worker noted that it was effective to manage his constipation from his opiate medications. However, as the requested opioids were not medically necessary, the request is not medically necessary.

Silenor 3mg tablet #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Treatment.

Decision rationale: The MTUS is silent on the use of Silenor. With regard to insomnia, ODG guidelines "recommend that treatment be based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." The documentation submitted for review indicated that the injured worker used Silenor for insomnia. With it he was able to sleep at least 7 hours at night. However, with regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 7/2014. As sleep aids are not recommended for long-term use, the request is not medically necessary.