

Case Number:	CM15-0133124		
Date Assigned:	07/21/2015	Date of Injury:	09/27/1996
Decision Date:	09/15/2015	UR Denial Date:	06/18/2015
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: Arizona, Michigan

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 63 year old female, who sustained an industrial injury on September 27, 1996. The injured worker was diagnosed as having cervical post-laminectomy syndrome, chronic pain syndrome, and lumbar post-laminectomy syndrome. Treatments and evaluations to date have included cervical fusion, lumbar fusion, spinal cord stimulator implantation, and medication. Currently, the injured worker complains of more stabbing pain, tingling in his right shoulder and arm, worse neck pain, and low back pain with bilateral lower extremity radiation. The Treating Physician's report dated June 10, 2015, noted the injured worker reported her back pain level with medication as 4/10 and without medication as 9/10, with walking, washing dishes, preparing meals, and sitting upright improved with medication. The injured worker was noted as not working at all, having a work status of permanent and stationary. The injured worker's medications were listed as Amlodipine, Bupropion HCL, Cyclobenzaprine, Dilaudid, Doc-Q-Lace, Doxazosin, Elidel cream, Fentanyl patch, Flexeril, Fluocinonide cream, Fluticasone nasal spray, Lidocaine patch, Lyrica, Nexium, Oxybutynin, Proctozone cream, Senna Lax, Simvastatin, Triamcinolone cream, Vesicare Vytorin, Zetia.pe was noted to show the cervical spine with tenderness to palpation of the paracervicals and trapezius with trapezius trigger point pain, with pain elicited during range of motion (ROM). The lumbar spine was noted to have tenderness to palpation of the paraspinal region at L4, the ileolumbar region, the gluteus maximus, and the piriformis bilaterally. The treatment plan was noted to include a continued current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #60, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines recommend a pain agreement for chronic opioid use, and consideration of use of a urine drug screen (UDS) to assess for use or the presence of illegal drugs. The guidelines note that respiratory depression and apnea are a major concern with the use of Hydromorphone (Dilaudid). The injured worker was noted to be taking her Dilaudid for her chronic pain syndrome, with current pain medication regimen controlling the pain. There was no documentation of an evaluation of the injured worker's respiratory status or for adverse effects of the medication. The documentation provided did not include documentation of objective, measurable improvement in pain, quality of life or reduction in dependency on continued medical interventions with the use of the Dilaudid. The documentation did not include a pain assessment with the injured worker's least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Dilaudid, how long it takes for pain relief, and how long the pain relief lasts. Based on the guidelines, the documentation did not support the request for Dilaudid 4mg #60, one refill and therefore is not medically necessary.

Fentanyl 75mcg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl, Opioids Page(s): 47, 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note that Fentanyl is an opioid analgesic with potency eighty times that of morphine, and weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl, with patches worn for a 72 hour period. The documentation provided did not include objective, measurable improvements in the injured worker's pain, function, specific activities of daily living (ADLs), quality of life, or dependency on continued medical care with the use of the Fentanyl patch. There was no documentation of the least reported pain over the period since last assessment, average pain, the intensity of pain after taking using the Fentanyl, how long it takes for pain relief, or how long the pain lasts. Therefore, based on the MTUS guidelines, the documentation provided did not support the request for Fentanyl 75mcg #10 and is not medically necessary.

Doc-Q-Lace 100mg #60, 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that prophylactic treatment of constipation should be initiated when initiating opioid therapy. Doc-Q-Lace is a stool softener used to treat or prevent constipation. The documentation provided indicated the injured worker's injury was almost 18 years ago, without indication of the date of the initiation of opioid therapy. Although the injured worker was prescribed opioid medications, the documentation provided did not identify the injured worker with a history of constipation related to the opioid therapy, complaints of constipation, an abdominal examination, or documentation of improvement of the injured worker's bowel pattern with the stool softener, therefore the documentation did not support the medical necessity of the request for Doc-Q-Lace 100mg #60, 5 refills and is not medically necessary.

Senna-lax 8.6mg #60, 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, McKay SL et al. Management of constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that prophylactic treatment of constipation should be initiated when initiating opioid therapy. Senna is a laxative used to treat or prevent constipation. The documentation provided indicated the injured worker's injury was almost 18 years ago, without indication of the date of the initiation of opioid therapy. Although the injured worker was prescribed opioid medications, the documentation provided did not identify the injured worker with a history of constipation related to the opioid therapy, complaints of constipation, an abdominal examination, or documentation of improvement of the injured worker's bowel pattern with the laxative, therefore the documentation did not support the medical necessity of the request for Senna-lax 8.6mg #60, 5 refills and is not medically necessary.

Nexium 40mg #30, 5 refills: Upheld

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

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

Decision rationale: The MTUS is silent on the use of Nexium. The Official Disability Guidelines (ODG) notes that Nexium is a proton pump inhibitor (PPI) and is recommended for patients at risk for gastrointestinal (GI) events, which includes age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple non-steroid anti-inflammatory drugs (NSAIDs). The guidelines recommend the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are noted to be highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. The decision to use PPIs long-term must be weighed against the risks, including potential adverse effects of B12 deficiency, iron deficiency, hypomagnesemia, increased susceptibility to pneumonia, enteric infections, and fractures, hypergastrinemia and cancer, and a negative effect on vascular function, increasing the risk for myocardial infarction (MI). "Patients with gastroesophageal reflux disease on PPIs had a 1.16 greater risk of MI, and a 2.00 risk for cardiovascular mortality." The injured worker was noted to be using the Nexium for reflux that could come with narcotic use. The documentation provided did not indicate the injured worker had a history of gastrointestinal symptoms from narcotic use or from other reasons, or was at high risk for GI events. The documentation provided did not document the injured worker's response to the use of the Nexium. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Nexium 40mg #30, five refills and is not medically necessary.