

Case Number:	CM15-0146291		
Date Assigned:	08/10/2015	Date of Injury:	04/11/2008
Decision Date:	09/04/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 59-year-old female with an industrial injury dated 04-11-2008. Her diagnoses included neck pain on the left side with radiating symptoms to the left arm, low back pain and left shoulder pain. Comorbid history was breast cancer. Prior treatment included physical therapy, chiropractic care, rest, traction and acupuncture and medications. She presents on 07-01-2015 for follow up. She states with her medication she is able to bring her pain down to 2-3 out of 10 and without her medications, her pain would be 10 out of 10. The provider documents the following: With her medications, the patient is able to work with restrictions. The patient denies any adverse reactions. There are no aberrant behaviors. There is a signed opioid agreement on the chart and the last urine drug screen was consistent. Her average pain score was 3 out of 10. Objective findings noted she was in no acute distress. She was independently ambulating into and out of the examination room. There was limited lumbar spine range of motion in all planes. Her medications were Fentanyl, Norco, Colace, Celexa, Miralax, Relafen, Tegaderm and Lactulose. Treatment plan included medications, home exercises and follow up in 2 months. The following requests were authorized: Relafen 750 mg #60 with 1 refill. Miralax 1 bottle. Colace 250 mg #60 with 1 refill. Celexa 20 mg #30 with 1 refill. The treatment requests for review are: Norco 10/325 mg #120 with 1 refill (hold until 8/1/15). Lactulose 1 bottle. Fentanyl patch 50 mg 310 with 1 refill (hold until 8/1/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lactulose 1 bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: Lactulose is a laxative. This patient is undergoing treatment with multiple opioid medications for a prolonged period. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool". Up-to-date states "Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents." The treating physician did not document quantitative or qualitative description of bowel movement frequency/difficulty, document "constipation treatment education", which is important to understand if first line constipation treatment was successful or failed. As such, the request for Lactulose 1 bottle is not medically indicated at this time.

Fentanyl patch 50mg 310 with 1 refill (hold until 8/1/15): Upheld

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 Duragesic (fentanyl transdermal system), Opioids Page(s): 44, 79.

Decision rationale: CA MTUS states and ODG agrees: "Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin . . . The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." ODG does not recommend the use of opioids "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. With the multiple pain medications, there is serious risk of opioid dependence.

Guidelines recommend against exceeding a morphine equivalent dose of 120mg/day. Weaning from this regimen has been recommended. As such, the request for Fentanyl patch 50mg 310 with 1 refill (hold until 8/1/15) is not medically necessary.

Norco 10/325mg #120 with 1 refill (hold until 8/1/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Guidelines recommend against exceeding a morphine equivalent dose of 120mg/day. Weaning has been previously recommended. As such, the request for Norco 10/325mg #120 with 1 refill (hold until 8/1/15) is not medically necessary.