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| Case Number: | CM15-0148106 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 02/20/2001 |
| Decision Date: | 09/29/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/30/2015 |

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 65-year-old female who sustained an industrial injury on 2-20-01. The injured worker was diagnosed as having low back pain, radicular symptoms, spinal fusion, depression and neuropathic burning pain bilateral legs. Currently, the injured worker reported pain in the back with radiation to the right lower extremity. Previous treatments included oral pain medication, oral muscle relaxants, non-steroidal anti-inflammatory drugs, and home exercise program. Previous diagnostic studies were not included. Work status was not noted. The injured workers pain level was noted as 4 out of 10 with the use of medication and 8 out of 10 without the use of medication. Physical examination was notable for lumbar trunk with muscle spasm, absent left Achilles reflex, sensory loss to light touch in left lateral calf and bottom of foot. The plan of care was for Norco 10-325 milligrams quantity of 120, MS Contin 30 milligrams quantity of 90, Senokot quantity of 120, Miralax powder quantity of 1 bottle, Colace 250 milligrams quantity of 60, Ibuprofen 800 milligrams quantity of 90 and Flexeril 10 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-80.

Decision rationale: The request is for Norco 10-325 milligrams quantity of 120. Currently, the injured worker reported pain in the back with radiation to the right lower extremity. CA MTUS guidelines state "The lowest possible dose should be prescribed to improve pain and function. 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." CA MTUS Guideline Citation: Title 8, California Code of Regulations, 9792.20 et seq. Effective July 18, 2009 pg. 1 indicates "Functional improvement" is evidenced by 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. Pain ratings for January 2015, February 2015, March 2015, April 2015, May 2015 and June 2014 were documented as 4 out of 10 with medication use and 10 out of 10 without medication use. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. As such, the request for Norco 10-325 milligrams quantity of 120 is not medically necessary.

MS Contin 30 MG #90: 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): 76-80.

Decision rationale: The request is for MS Contin 30 milligrams quantity of 90. Currently, the injured worker reported pain in the back with radiation to the right lower extremity. CA MTUS guidelines state "The lowest possible dose should be prescribed to improve pain and function. 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." CA MTUS Guideline Citation: Title 8, California Code of Regulations, 9792.20 et seq. Effective July 18, 2009 pg. 1 indicates "Functional improvement" is evidenced by 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. Pain ratings for January 2015, February 2015, March 2015, April 2015, May 2015 and June 2014 were documented as 4 out of 10 with medication use and 10 out of 10 without medication use. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. As such, the request for MS Contin 30 milligrams quantity of 90 is not medically necessary.

Senokot #120: 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): 77. Decision based on Non-MTUS Citation ODG Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The request is for Senokot quantity of 120. Currently, the injured worker reported pain in the back with radiation to the right lower extremity. CA MTUS recommendations state that "Prophylactic treatment of constipation should be initiated." As discontinuation of opioids has been recommended, the request for Senokot quantity of 120 is not medically necessary.

Miralax Powder #1 Bottle: 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): 77. Decision based on Non-MTUS Citation ODG Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The request is for Miralax powder quantity of 1 bottle. Currently, the injured worker reported pain in the back with radiation to the right lower extremity. CA MTUS recommendations state that "Prophylactic treatment of constipation should be initiated". Additionally, ODG recommendations state "Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy." As discontinuation of opioids has been recommended, the request for Miralax powder quantity of 1 bottle is not medically necessary.

Colace 250 MG #60: 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): 77. Decision based on Non-MTUS Citation ODG Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The request is for Colace 250 milligrams quantity of 60. Currently, the injured worker reported pain in the back with radiation to the right lower extremity. CA MTUS recommendations state that "Prophylactic treatment of constipation should be initiated." As discontinuation of opioids has been recommended, the request for Colace 250 milligrams quantity of 60 is not medically necessary.

Ibuprofen 800 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The request is for Ibuprofen 800 milligrams quantity of 90. Currently, the injured worker reported pain in the back with radiation to the right lower extremity. CA MTUS recommends the lowest dose NSAID for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors." CA MTUS recommends NSAIDs as a second-line treatment after acetaminophen and as a short term option. As such, the request for Ibuprofen 800 milligrams quantity of 90 is medically necessary.

Flexeril 10 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 63-34, 41-42.

Decision rationale: The request is for Flexeril 10 milligrams quantity of 60. Currently, the injured worker reported pain in the back with radiation to the right lower extremity. CA MTUS recommendations state Cyclobenzaprine (Flexeril) is to be used as an option, using a short course of therapy further stating that "The addition of cyclobenzaprine to other agents is not recommended." CA MTUS recommends "muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." Provider documentation dated 7-22-14 notes the injured worker used Flexeril for back spasms. Standards of care indicate medications within the drug class of antispasmodic / muscle relaxants are to be utilized for a short course of therapy. As such, the request for Flexeril 10 milligrams quantity of 60 is not medically necessary.