

Case Number:	CM15-0160894		
Date Assigned:	08/27/2015	Date of Injury:	08/13/2001
Decision Date:	10/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male who sustained an industrial injury on 8-13-2001. He has reported low back pain with radiation to both legs and has been diagnosed with lumbar radiculopathy, failed back surgery syndrome, spinal cord stimulator secondary to chronic pain, and spasm of muscle. Treatment has included medications, surgery, and spinal cord stimulator. There were spasms of bilateral lower back. Examination of the lumbar spine showed decreased range of motion. Extension was at 0 degrees, flexion was at 40 degrees, bilateral lateral bending was at 10 degrees, and rotation was at 50 degrees. The treatment plan included a stimulator and medications. The treatment request included Opana ER 40 mg # 60, Narcosoft 100 mg # 60, and 1 stimulator replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60,61, 76-78, 88,89.

Decision rationale: The current request is for Opana ER 40mg #60. The RFA is dated 07/09/15. Treatment has included medications, surgery (4x), and spinal cord stimulator. The patient may return to modified duty. MTUS, Criteria for Use of Opioids, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 07/08/15, the patient presents with chronic lower back pain and sciatica. The request is for refill of Opana, which the patient has been utilizing since at least 06/06/14. the patient reports that with medications and the stim unit, his pain level is down from 10/10 to 6/10. He reports being unable to get out of bed without medications. With the combination of Opana and Norco he is able to socialize, continue driving and take care of his home. There are no aberrant behaviors or side effects with medications. The patient's most recent UDS are from 02/23/15 and 06/19/15, which were consistent with the medications prescribed. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Narcosoft 100mg #60 with 3 refills: Overturned

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 Medications for chronic pain, Criteria for Use of Opioids Page(s): 60,61, 76-78, 88,89. Decision based on Non-MTUS Citation www.enovachem.us.com/product/Narcosoft.

Decision rationale: The current request is for Narcosoft 100mg #60 with 3 refills. The RFA is dated 07/09/15. Treatment has included medications, surgery, and spinal cord stimulator. The patient may return to modified duty. The ACOEM, MTUS and ODG guidelines do not specifically discuss Narcosoft. Per enovachem.us.com/product/Narcosoft, "Narcosoft is a Nutritional Supplement containing of a blend of soluble fibers and natural laxatives that may help to relieve symptoms of occasional constipation." MTUS page 77, Criteria for Use of Opioids Section, regarding constipation states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states, "Opioid induced constipation is a common adverse side effect of long-term opioid use." Per report 07/08/15, the patient presents with chronic lower back pain and sciatica. The request is for refill of medications. The patient has been on an opiate regimen for his chronic pain since at least 2014. Such medications as Narcosoft, may be appropriate for prophylactic treatment of constipation with opiates are prescribed. MTUS recognizes constipation as a common side effect of chronic opiate use. This

request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

1 Stimulator replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-107.

Decision rationale: The current request is for 1 Stimulator replacement. The RFA is dated 07/09/15. Treatment has included medications, surgery, and spinal cord stimulator. The patient may return to modified duty. The MTUS Guidelines, pages 105 to 107, Spinal Cord Stimulators (SCS) section has the following: "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial." Per report 07/08/15, the patient presents with failed back surgery syndrome and suffers from chronic lower back pain and sciatica. The patient is s/p spinal cord stimulator implantation with revision from 2005 and 2006. The patient reports that "the simulator is not working as it is out of battery." The treater states in this report that the simulator generator is out of battery and needs replacement. The RFA dated 07/09/15 does not include this request. The Utilization review states that a battery replacement was previously authorized in June of 2015. In this case, the current item submitted for review is "1 simulator replacement" and replacement of the entire unit is not indicated and the battery replacement was already authorized in June 2015. Therefore, the request, as stated, cannot be supported. This request IS NOT medically necessary.