

Case Number:	CM15-0167211		
Date Assigned:	09/04/2015	Date of Injury:	12/08/2004
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 57 year old male with a December 8, 2004 date of injury. A progress note dated July 21, 2015 documents subjective complaints (back pain going to the left foot, including the leg; neck pain; constant headache), objective findings (antalgic gait; walks with a cane; limited range of motion of the ankle; back with diffuse tenderness; straight leg raise tight hamstrings), and current diagnoses (lumbar back pain; lumbar strain; arthritis of the left ankle). Treatments to date have included imaging studies and medications. The treating physician documented a plan of care that included DSS 100mg #60 and Vicodin 5-300mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

DSS 100mg #60, No refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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), Opioid-induced constipation treatment.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2004 and is being treated for neck pain, headaches, and back pain radiating into the left lower extremity. Injuries were sustained when he was driving a tractor, which was hit behind by a pickup truck. When seen, pain is referenced as reduced with the use of medications. He was having side effects of dizziness and stomach upset attributed to naproxen. He had constipation and was using prune juice. He was having difficulty sleeping. Physical examination findings included the presence of pain behaviors with facial grimacing, audible expressions of pain, and extremely slow movements. There was a mild left-sided limp with use of a cane. There was a decreased lumbar lordosis. There was lumbar and cervical tenderness with lumbar muscle guarding. There was decreased right lower extremity sensation and bilateral lower extremity strength. There was back pain with straight leg raising. Medications were refilled. Norco and Colace had been prescribed since June 2014. Guidelines recommend treatment due to opioid-induced constipation, which is a common adverse effect of long-term opioid use and can be severe. Most patients are initially treated with lifestyle modifications, such as increased fluid intake, and increased dietary fiber intake. Additional fiber intake in the form of polycarbophil, methylcellulose, or psyllium may improve symptoms. The next step in the treatment of constipation is the use of an osmotic laxative, such as polyethylene glycol, followed by a stool softener, such as docusate sodium, and then stimulant laxatives. In this case, there is no evidence that the claimant has failed use of an osmotic laxative. Additionally, certification for continued opioid medication use is not being recommended. Prescribing DSS (docusate) is not medically necessary.

Vicodin 5-300mg #90, No refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, When to continue Opioids Page(s): 80-83, 95. Decision based on Non-MTUS Citation Swedlow A Gardner, L. Ireland J Genovese, E. "Pain management and the use of Opioids in the treatment of back conditions in the California" Webster, B Verma, S Gatchel, R. Relationship between early Opioid prescribing for acute occupational low back pain and disability duration.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2004 and is being treated for neck pain, headaches, and back pain radiating into the left lower extremity. Injuries were sustained when he was driving a tractor, which was hit behind by a pickup truck. When seen, pain is referenced as reduced with the use of medications. He was having side effects of dizziness and stomach upset attributed to naproxen. He had constipation and was using prune juice. He was having difficulty sleeping. Physical examination findings included the presence of pain behaviors with facial grimacing, audible expressions of pain, and extremely slow movements. There was a mild left-sided limp with

use of a cane. There was a decreased lumbar lordosis. There was lumbar and cervical tenderness with lumbar muscle guarding. There was decreased right lower extremity sensation and bilateral lower extremity strength. There was back pain with straight leg raising. Medications were refilled. Norco and Colace had been prescribed since June 2014. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain through reporting of VAS scores, an increased level of function, or improved quality of life. Continued prescribing is not medically necessary.