

Case Number:	CM15-0169926		
Date Assigned:	09/10/2015	Date of Injury:	04/23/2012
Decision Date:	10/13/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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 24 year old male who sustained an industrial injury on 04-23-2012. He reported ongoing low back pain traveling down the right leg that was attributed to cumulative trauma. MRI showed evidence of L5-S1 disk herniation. He underwent surgical intervention. He then began to develop recurrent pain down his right leg. On 01-10-2014, MRI of the lumbar spine demonstrated postlaminectomy changes at L5-S1 with right paracentral endplate ridging which was touching the S1 nerve root. The nerve root was slightly thickened. On 08-05-2014 and 03-19-2015, the injured worker underwent and L5-S1 transforaminal lumbar epidural steroid injection. According to a progress report dated 07-20-2015, pain was rated 3 on a scale of 1-10. He was taking medication as prescribed with no adverse reactions or side effects. He had been taken off duty by provider. He was down to 307. He was seen by another provider earlier in the month and no surgery was recommended. He was advised to lose weight and get in shape. He reported less pain now. He was using less "Oxy" and not using cane at all. He wanted to return to work. Current medications included Oxycodone Hcl 10 mg sparingly every 6 hours as needed for pain, Cyclobenzaprine 10 mg one at bedtime, Dss 100 mg three times a day as needed and Ibuprofen 200 mg #4 every 6-8 hours as needed. Examination findings included: gait much better, no analgia and moving more briskly. Diagnoses included displacement of lumbar intervertebral disc without myelopathy status post decompression and epidural steroid injection, lumbar sprain strain right and thoracic and lumbar strain sprain. Prescriptions were written for Oxycodone 10 mg #40 and Colace 100 mg #90 with 2 refills. Work status included modified duty with no lifting greater than 30 pounds. On 07-28-2015, Utilization Review modified the request for Oxycodone 10 mg quantity 40 and Colace 100 mg quantity 270. Documentation submitted for review shows long term use of Oxycodone dating back to 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg Qty: 40.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Oxycodone since at least 2014 without consistent objective documentation of functional improvement or significant decrease in pain. Additionally, there is no evidence in the available documentation of close monitoring for abuse or other aberrant behavior. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycodone 10mg Qty: 40.00 is determined to not be medically necessary.

Colace 100mg Qty: 270.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioid Induced Constipation Treatment Section.

Decision rationale: The MTUS guidelines and ODG do not address the use of Colace for the treatment of opioid-induced constipation. The MTUS guidelines and the ODG do address the use of laxatives in general. The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is noted to have been treated with opioid medications, and occasionally reports problems with constipation, however, the request for Oxycodone is no longer supported and has been recommended for weaning, therefore, the request for Colace 100mg Qty: 270.00 is determined to not be medically necessary.