

Case Number:	CM15-0180649		
Date Assigned:	09/23/2015	Date of Injury:	10/05/2004
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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 57 year old male, who sustained an industrial injury on 10-5-14. Medical records indicated the injured worker is undergoing treatment for chronic low back pain, lumbar radiculopathy and status post spinal cord stimulator implant. Treatment to date has included spinal cord stimulator, oral medications including Oxycontin IR 10mg, Gabapentin 300mg, alprazolam, Amitriptyline and Miralax; topical Lidoderm patches, lumbar epidural steroid injection, activity modifications and home exercise program. It is unclear how long he has utilized the medications. On 6-17-15 and 8-12-15, the injured worker complains of chronic low back pain with radiation down the right leg down to his toes, described as sharp and associated with tingling and numbness, he rates the pain 9-10 out of 10 and 7-8 out of 10. Physical exam performed on 6-17-15 and 8-12-15 revealed limited range of motion of lumbar spine with mild to moderate right lumbar paraspinal muscle tenderness to palpation. The treatment plan included prescriptions for Oxycontin IR 10mg #120, Gabapentin 300mg #90, Miralax 1 bottle, and Lidocaine patch #30, Viagra 100mg #12, follow up with neurosurgeon and psychiatry and continued use of spinal cord stimulator. On 9-4-15, utilization review non-certified requests for Oxy IR 10mg #120 noting it is unclear how long the injured worker has used this narcotic pain medication and continuation of narcotic pain medication indefinitely for chronic low back pain is not indicated and not supported by any criteria; and Miralax 1 bottle noting opioids were not certified therefore Miralax is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 10 mg, 120 count: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 8/12/15 progress report provided by the treating physician, this patient presents with sharp, stabbing, chronic low back pain with radiation down the right leg down to the toes with associated numbness/tingling rated 7-8/10 on VAS scale. The treater has asked for Oxy IR 10 mg, 120 count on 8/12/15. The request for authorization was not included in provided reports. The patient is s/p L5-S1 microdiscectomy and L5-S1 fusion from 2009 per 6/17/15 report. The patient is s/p spinal cord stimulator which patient uses regularly per 8/12/15 report. The patient is s/p CT lumbar spine, MRI lumbar spine per 6/17/15 report. The patient is scheduled for an upcoming lumbar surgery of unspecified type per 8/12/15 report. The patient's work status is not included in the provided documentation. MTUS, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, the patient was taking Dilaudid as of 2/3/15, switched to Norco on 4/2/15, but discontinued Norco as the effects only last a couple of hours as of 4/30/15. The patient has been taking Oxy IR since 4/30/15 and in reports dated 5/20/15, 6/17/15, and 8/12/15. The patient states that his medication regimen which includes Oxy IR brings his pain down from 8-9/10 to 6-7/10 per 8/12/15 report. However, Oxy IR makes him feel "a little loopy" although no other side effects were noted per 8/12/15 report. A urine drug screen from 4/2/15 was consistent per 6/17/15 report. A CURES report on 2/3/15 was consistent, as well. However, MTUS requires appropriate discussion of all the 4A's; the treater does not document how the medication has improved the patient's activities of daily living. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.

Miralax, one bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/miralax.html.

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

Decision rationale: Based on the 8/12/15 progress report provided by the treating physician, this patient presents with sharp, stabbing, chronic low back pain with radiation down the right leg down to the toes with associated numbness/tingling rated 7-8/10 on VAS scale. The treater has asked for Miralax, one bottle on 8/12/15. The request for authorization was not included in provided reports. The patient is s/p L5-S1 microdiscectomy and L5-S1 fusion from 2009 per 6/17/15 report. The patient is s/p spinal cord stimulator which patient uses regularly per 8/12/15 report. The patient is s/p CT lumbar spine, MRI lumbar spine per 6/17/15 report. The patient is scheduled for an upcoming lumbar surgery of unspecified type per 8/12/15 report. The patient's work status is not included in the provided documentation. MTUS, Criteria for Use of Opioids Section, page 77, 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." The treater states that "constipation is managed with Miralax" per 6/17/15 report. Miralax has been included in patient's medications, per progress reports dated 6/17/15 and 8/12/15. It is not known when this medication was initiated. However, the medication is not necessary, as continued opiate usage is not substantiated. Such medications are appropriate interventions for those undergoing long-term opiate use, though in this case the associated Oxy IR is not certified. Therefore, this request for Miralax is not medically necessary.