

<b>Case Number:</b>	CM15-0183876		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	08/08/1999
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 53 year old male, who sustained an industrial injury on 8-8-1999. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spondylosis and Complex Regional Pain Syndrome (CRPS) type 1 of the upper and lower extremities. On 8-14-2015, the injured worker reported back pain rated at its least a 5 on a scale of 0 to 10 and at its worse a 10, currently a 5 on the pain scale, improved since 5-1-2015 when the pain was reported to be 7 on the pain scale. The Treating Physician's report dated 8-14-2015, noted the injured worker with multi-extremity reflex sympathetic dystrophy, requiring refilling and reprogramming of his intrathecal drug pump. The physical examination was noted to show the injured worker in no acute distress with normal mood and affect, alert and oriented, with no apparent loss of coordination. The treatment plan was noted to include prescribed medications of Vicodin, Ibuprofen, and Miralax, all noted to have been prescribed since at least 1-22-2015, with reprogramming and a refill of the intrathecal pump with morphine-clonidine and bupivacaine. An undated pain-symptom relief-functional improvement with medications note by the injured worker rated his pain as 10 before or without access to his medications with severe pain in both legs and right arm, unable to do anything "could not even breathe," "unable to function. Pain so severe I stay in bed. No activities at all." The injured worker reported his pain an 8 in both legs and 7 in the right arm after taking the medications, being able to concentrate, sit upright in the wheelchair, lift books, and able to help children with homework or reading a book. The request for authorization dated 8-17-2015, requested Vicodin ES 7.5/300 mg Qty 90 with 2 refills, Ibuprofen 600 mg Qty 90 with 2 refills, and MiraLax 510 gm with 2 refills. The Utilization Review (UR) dated 8-24-2015, modified the request for Vicodin ES 7.5/300 mg Qty 90 with 2 refills, to certify one month for weaning-discontinuation with no refills, and non-certified the requests for Ibuprofen 600 mg Qty 90 with 2 refills, and Miralax 510 gm with 2 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin ES 7.5/300 mg Qty 90 with 2 refills:** 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, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on opioids including Morphine for over a year without significant improvement in pain or function. The claimant was hospitalized for abdominal pain and constipation likely due to opioid use. The claimant was on a Morphine pain pump as well. Although pain was significant with CRPS/RSD, continued and chronic use of short-acting opioids is not recommended. Future use cannot be determined. Pain score reduction with use of medication was not provided. The continued use of Vicodin ES Norco is not medically necessary.

**Ibuprofen 600 mg Qty 90 with 2 refills:** 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Ibuprofen for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had already been to the hospital due to GI side effects from medications. The claimant was on a pain pump. Continued use of Ibuprofen is not medically necessary.

**MiraLAX 510 gm with 2 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioid induced constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months. In this case, the claimant has side effects from opioid use. Since the claimant has a pain pump with Morphine, the use of Miralax is needed to avoid complications that had occurred before. The use of Miralax while on pain pump and using opioids is medically necessary.