

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0190288 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 02/28/2002 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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: New Jersey

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:

This injured worker is a 66 year old female, who sustained an industrial injury on 02-28-2002. The injured worker was diagnosed as having cervicalgia, cervical radiculopathy, failed neck surgery syndrome, lumbago, lumbar radiculopathy, lumbar disc protrusion, failed back surgery, depression, insomnia, temporomandibular joint disorder, carpal tunnel syndrome and Horner's syndrome. On medical records dated 07-27-2015 and 06-15-2015, the subjective complaints were noted as the pain is about the same; soreness at the site of previous neck surgery was noted. Pain level was noted 5-6 out of 10 with medication and 8-10 out of 10 without medication. Objective findings were noted as straight leg raise, Patrick's, facet loading, and Spurling's test were all positive. Sensation was decreased to light touch in the right ankle and foot. Weakness was noted in the right upper extremity and bilateral lower extremities diffusely. Tenderness to palpation was noted over the cervical paraspinal muscles, upper trapezius muscle, scapula border, lumbar paraspinal muscles, sacroiliac joint region, greater trochanteric bursa and knee. Treatments to date include medication and laboratory studies. MRI of the temporomandibular joints on 07-08-2015 was noted to be unremarkable. Current medications were listed as Naprosyn, Norco and Trazodone. The Utilization Review (UR) was dated 08-21-2015. A request for 60 tablets of Colace 100mg, 60 tablets of Naproxen 550mg and 60 tablets of Robaxin 750mg was submitted. The UR submitted for this medical review indicated that the request for 60 tablets of Colace 100mg, 60 tablets of Naproxen 550mg were non-certified and 60 tablets of Robaxin 750mg were modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Colace 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Chapter, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioid-induced constipation treatment.

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. In the case of this worker, there was no record among the documents provided for review which discussed which first line strategies for opioid-induced constipation were being used and were being used prior to the consideration of using Colace. There was also no mention as to how often the Colace was used as it was prescribed "as needed", nor was there sufficient reporting on how effective it was, although there was reported no constipation or diarrhea in the notes. Considering this lack of sufficient data to support the ongoing use of Colace, this request is not medically necessary.

60 tablets of Naproxen 550mg: 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), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there is an elevated risk. Considering the diabetes history and age of this worker, there is a relative contraindication for ongoing chronic use of any NSAID, but especially higher doses as

prescribed to this worker. Also, there was only vague and nonspecific reporting of general benefit with medications, but no report on naproxen's effectiveness on function or pain, independent of the other medications taken. Therefore, this request for continuation of chronic use of naproxen 550 mg twice daily is not medically necessary, in the opinion of this reviewer.

60 tablets of Robaxin 750mg: 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): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, although there were reported frequent muscle spasms, there was insufficient reporting made which independently reported on Robaxin and its effectiveness at reducing pain and improving function. Regardless, this drug class is not recommended for chronic use by the Guidelines, and therefore, this request for continuation on a chronic basis is not medically necessary.