

Case Number:	CM15-0192335		
Date Assigned:	10/07/2015	Date of Injury:	12/12/2012
Decision Date:	12/16/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/30/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 38 year old male who sustained an industrial injury on 12-12-2012. Treatment to date has included medications, surgery and sympathetic nerve blocks performed on 06-02-2015 and 06-30-2015. According to a progress report dated 06-11-2015, the injured worker continued to have right leg pain, knee pain and foot pain. The provider noted that the injured worker had a sympathetic block and did well for 3 days with decreased pain then the pain returned. The Gralise lowered neuropathic pain and he slept better and felt less anxious. According to the most recent progress report submitted for review and dated 08-12-2015, the injured worker continued to have right leg and foot pain increased with walking and activity. He saw a specialist one week prior who was requesting surgical removal of plate and screws in foot. The pain medication was causing constipation. He was not working due to the inability to do regular work. He was able to do light work. He presented with leg pain and foot pain. With medication, pain intensity was rated 4 on a scale of 1-10. Without medications, pain was rated 7. He was able to cook, do laundry, garden, shop, bathe, dress, manage medication, brush teeth and drive short distances. He ambulated with a cane. Current medications included Amitiza, Gabapentin, Gralise, Norco, Senokot and Celexa. Examination of the right lower extremity demonstrated the presence of a scar. Foot was painful and tender. Diagnoses included pain foot-leg-arm-finger and RSD lower limb. Prescriptions were written for Amitiza, Celexa, Gralise and Norco. The treatment plan included requests for repeat sympathetic block, physical therapy and pain psychologist. Amitiza was prescribed for the treatment of opioid induced constipation. The injured worker was to remain off work. A return visit was indicated in 4 weeks. Use of Gabapentin and Norco dated back to April 2, 2015. Urine drug toxicology performed on

04-08-2015 was negative for Gabapentin and opioids. Records show that the injured worker reported insomnia and more constipation with use of Gabapentin. He was later started on Gralise. A urine toxicology performed on 05-11-2015 was negative for opioids and positive for Gabapentin. On 09-08-2015, Utilization Review non-certified the request of Amitiza 24 mcg #60, Gralise #30, Norco 10-325 mg #120, physical therapy quantity 12 sessions and lumbar spine nerve root block quantity 1 and modified the request to referral to pain psychology for consultation and authorized the request for Celexa.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg #60: Overturned

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

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 Opioids Laxative Stool Softeners.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for the prophylaxis and treatment of pain medications induced constipation. The chronic use of opioids can be associated with decreased gastrointestinal motility and constipation. The presence of untreated constipation can cause fecal impaction and intestinal obstruction. The records indicate subjective complaints of constipation associated with the chronic utilization of opioids and gabapentin that did not resolve without the use of Amitiza. The criteria for the use of Amitiza 24mcg #60 was met. The request is medically necessary.

Gralise #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic pain and chronic pain syndrome. The beneficial effects of anticonvulsants include mood stabilization, reduction in pain, functional restoration and decrease in analgesic utilization. The records indicate that the patient reported compliance and functional restoration with utilization of Gralise. The use of regular formulation of gabapentin was associated with more adverse effects than the extended release formulation. The criteria for the use of Gralise #30 was met. The request is medically necessary.

Norco 10/325mg #120: Upheld

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

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, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesics, PT, exercise and behavioral modifications have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative agents. The records indicate that the results of the urine drug screen showed non-compliant with the non detection of prescribed opioid and sedative medications. There is no documentation of consistent compliance with CURES data reports or objective findings of functional restoration. The criteria for the use of Norco 10/325mg #120 was not met. The request is not medically necessary.

Physical therapy, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Physical Therapy.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of PT can result in reduction of pain, improved range of motion and functional restoration. The guidelines recommend that patients proceed to a home exercise program after completion of supervised PT. The records indicate that the patient had previously completed supervised PT treatments. The presence of significant symptomatic psychosomatic disorders is associated with decreased compliance and efficacy of PT treatments. The criteria for Physical Therapy Qty 12 sessions was not met. The request is not medically necessary.

Lumbar spine nerve root block, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS), Intravenous regional sympathetic blocks (for RSD/CRPS, nerve blocks), Lumbar sympathetic block, Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lower Extremity Blocks Sympathetic Blocks.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar sympathetic blocks can be utilized for the diagnosis and treatment of Complex Regional Pain Syndrome (CRPS) of the lower extremities. The utilization of interventional pain procedures can result in pain relief, reduction in medication utilization and functional restoration. The presence of significant psychosomatic symptoms is associated with decreased efficacy to interventional pain procedures. The records indicate that the patient reported 3 days of pain relief following the past lumbar sympathetic block. There was no documentation of sustained functional restoration or reduction in medications utilization. The criteria for lumbar sympathetic nerve block was not met. The request is not medically necessary.

Referral to pain psychology for consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Follow-up, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, psychological intervention, Psychological evaluations, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that chronic pain patients with significant psychiatric conditions be referred for evaluation and treatment by a mental health specialist. The presence of symptomatic psychosomatic disorders is associated with decreased compliance and efficacy to medications and physical treatment measures. There is increased risk of aberrant behavior and adverse medication interactions. The records indicate that the patient had symptomatic psychosomatic disorders. There is indication of decreased efficacy of several treatment measures including medications, PT and interventional injection treatments. The criteria for Referral to Pain Psychologist for Consultation was met. The request is medically necessary.