MAXIMUS Federal Services

Case Number:	CM15-0201026		
Date Assigned:	10/16/2015	Date of Injury:	01/14/2012
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 66 year old female, who sustained an industrial injury on January 14, 2012. The injured worker was diagnosed as having chronic pain syndrome secondary to lumbar radiculopathy from degenerative disc disease of the lumbar spine with chronic sprain and strain, chronic pain syndrome to the neck and upper extremity secondary to degenerative disc disease of the cervical spine, right hand pain due to traumatic arthritis, status post carpal tunnel syndrome with right carpal tunnel release, adhesive capsulitis and rotator cuff tendonitis with residual partial rotator cuff tear to the right shoulder, left upper back pain due to chronic sprain and strain, headaches secondary to cervicogenic and tension cephalgia, chronic left ankle pain due to chronic sprain and strain of the left ankle, bilateral lumbar radiculopathy per electrodiagnostic study in November of 2012, intermittent abdominal pain consistent with a combination of recurrent pancreatitis, gastroesophageal reflux syndrome, and gastritis. Treatment and diagnostic studies to date has included medication regimen, above noted procedures, physical therapy, and use of braces. In a progress note dated August 31, 2015 the treating physician reports complaints of pain to the low back that radiates to the bilateral lower extremities along with numbness and tingling; complaints of "severe" pain to the right arm and hand; complaints of pain to the neck that radiates to the upper extremities; complaints of intermittent, "severe" headaches to the back of the head; complaints of pain to the left upper back, left shoulder, and the left ankle; and complaints of intermittent abdominal pain secondary to intermittent reflux. Examination performed on August 31, 2015 was revealing for decreased range of motion to the cervical spine, tenderness to the muscles in the lower cervical spine, tenderness to the muscles of the thoracic region, decreased range of motion to the lumbar spine,

tenderness to the muscles of the lumbar region, tenderness to the lumbar four to five and lumbar five to sacral one facet joints, positive straight leg raises bilaterally, decreased range of motion to the shoulder, tenderness to the right shoulder joint, and tenderness to the left wrist and bilateral hips. The injured worker's medication regimen on August 31, 2015 included Anaprox, Diovan, Gabapentin, Lorazepam, Tylenol No.3 (with Codeine) (start date unknown), Omeprazole, Promolaxin (start date unknown), and Sertraline. The injured worker's pain level on August 31, 2015 was rated an 8 to 9 on a scale of 0 to 10 without the use of her medication regimen and rated the pain a 3 with the use of the medications of Gabapentin and Tylenol with Codeine. The treating physician also noted that the injured worker was able to perform activities of daily living such as personal care activities, but noted drowsiness during the day. The treating physician also noted that the use of the medication Omeprazole relieves the injured worker's stomach pain along with the use of the medication Promolaxin which was noted to "improve" the injured worker's constipation. On August 31, 2015 the treating physician requested Acetaminophen with Codeine (Tylenol No.3) with a quantity of 60 for severe pain and Promolaxin 100mg with a quantity of 100 for treatment of opioid-induced constipation. On the Utilization Review determined the requests for Acetaminophen with Codeine (Tylenol No.3) with a quantity of 60 and Promolaxin 100mg with a quantity of 100 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen with Codeine (Tylenol No.3) #60: Upheld

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, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement (ability to return to work) or demonstration of urine toxicology compliance. Therefore the criteria set forth in the guidelines have not been met and the request is not medically necessary.

Promolaxin 100mg #100: Upheld

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, Opioids, long-term assessment.

Decision rationale: Promolaxin is a trade name for docusate, a stool softener. Stool softener are recommended by CA MTUS guidelines for the prophylactic treatment of constipation with chronic opioid treatment. CA MTUS/ACOEM Chronic pain medical treatment guidelines, states the following when initiating opioid therapy. (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of rescue opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. According to the ODG Pain section, opioid induced constipation treatment, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. In this case the use of chronic opioids is not supported by the submitted documentation and therefore the request for Promolaxin to treat opioid induced constipation is not medically necessary.