

Case Number:	CM15-0204251		
Date Assigned:	10/21/2015	Date of Injury:	05/01/1999
Decision Date:	12/03/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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: Preventive Medicine, Occupational Medicine

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 70 year old female, who sustained an industrial injury on 5-1-1999. The injured worker is undergoing treatment for intractable back pain. Medical records dated 9-10-2015 indicate the injured worker complains of back pain. The treating physician indicates "she has made an attempt to decrease her dosage of Methadone she went down 5 mg she had severe pain her level went from 2-3 out of 10 with the 30mg methadone and with decreased by 5 mg her pain level went up to 7-8 out of 10 she was unable to function normally." Physical exam dated 9-10-2015 notes sensation is intact to light touch and pinprick bilaterally to the lower extremities, normal gait and negative straight leg raise. Treatment to date has included Senna, Celexa and Methadone with failed weaning attempts. The original utilization review dated 9-29-2015 indicates the request for Senna 8.6mg #150 and Methadone HCL #90 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6mg 4-5 a day #150: 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, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioid-Induced Constipation Treatment Section and Other Medical Treatment Guidelines <http://www.drugs.com/cdi/senna-plus.html>.

Decision rationale: Per manufacturer information, Senna is a stool softener and laxative combination. The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker had been treated with opioid medications, and reported problems with constipation. However, in this case, the associated request for opioid medication is not supported, therefore, there is no indication for the continued use of a laxative. The request for Senna 8.6mg 4-5 a day #150 is determined to not be medically necessary.

Methadone HCL 10mg tablet 1 every 8 hours #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of objective functional improvement with prior use of this medication. Additionally, there was an attempt to lower the dose of the medication but that was unsuccessful. Furthermore, there is a lack of consistent urine drug screens or risk assessment in the available documentation. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Methadone HCL 10mg tablet 1 every 8 hours #90 is determined to not be medically necessary.