

Case Number:	CM15-0205991		
Date Assigned:	10/22/2015	Date of Injury:	04/08/2004
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/20/2015

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: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on 4-8-2004. The injured worker is undergoing treatment for: shoulder pain, elbow pain. On 8-12-15, 9-9-15, she reported right elbow pain rated 5.5-6 out of 10 with medications and 8-9 out of 10 without medications. She is reported as having "no new problems or side effects". Her activity level is reported to have remained the same, no side effects to medications and showing no evidence of medication dependency, or medication abuse. She is noted as doing well with her current medications. She is noted as having an increased activity level. Physical examination revealed normal gait, restricted neck range of motion, restricted right shoulder range of motion and noted tenderness in the acromioclavicular joint, no limitation in range of motion with the right elbow, tenderness in the lateral and medial epicondyle, positive Tinel's sign, and tenderness at the olecranon and lateral epicondyle. She is indicated to have reported issues with constipation and not having bowel movements for up to 4 days at a time. The provider noted medications "continue to give patient some functional benefit." There is no documented assessment of the gastrointestinal system. There is no discussion of pain reduction with the use of Oxycodone. The treatment and diagnostic testing to date has included: medications, electrodiagnostic studies (5-11-06), QME (8-22-06), right elbow surgery (September 2004), AME (6-19-10), urine drug screen (8-16-10) reported as appropriate. Medications have included: Vicodin, Naprosyn, nortriptyline, senokot, and oxycodone. The records indicate she has been utilizing opioid medications since at least April 2004. Oxycodone is indicated to have been utilized since at least February 2015, possibly longer. Current work status: not working and volunteering at an animal

shelter. The request for authorization is for: Oxycodone HCL 15mg quantity 120 with one refill, and Amitiza 24mcg quantity 60 with one refill. The UR dated 9-23-15: non-certified the request for Oxycodone HCL 15mg quantity 120 with one refill, and Amitiza 24mcg quantity 60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

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

Decision rationale: The patient presents on 09/09/15 with right elbow pain rated 6/10 with medications, 9/10 without medications. The patient's date of injury is 04/08/04. The request is for oxycodone HCL 15mg #120 with 1 refill. The RFA is dated 09/09/15. Physical examination dated 09/09/15 reveals tenderness to palpation of the right AC joint, right lateral/medial elbow epicondyles, positive Tinel's sign right, and pain elicitation with pronation and supination of the right forearm. The patient is currently prescribed Colace, Senokot, Oxycodone, Nortriptyline, Allegra, Cipro, and Ondansetron. Patient is currently not working. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the continuation of Oxycodone for the management of this patient's chronic pain, the request is appropriate. MTUS Guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a statement regarding a lack of aberrant behavior. Per progress note dated 09/09/15, the provider does include documentation that narcotic medications reduce this patient's pain from 9/10 to 6/10. The provider also notes that this patient's narcotic medications allow her to "perform household tasks including cooking, cleaning, self-care for 30-45 minutes or greater at a time. This is a functional improvement over baseline without medications the patient cannot perform these tasks or is limited to 10 minutes or less." The provider specifically notes a lack of aberrant behavior and consistent urine drug screening to date. In this case, 4 A's criteria have been adequately addressed, though it is worth noting that this patient's functional improvements are somewhat generic and unchanged from

earlier reports. More importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." While this patient presents with significant chronic pain complaints and has been prescribed narcotic medications long-term, without evidence of a condition, which could cause nociceptive pain (such as cancer or an autoimmune disorder), continuation of this medication is not appropriate and the patient should be weaned. Therefore, this request is not medically necessary.

Amitiza 24mcg #60 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Opioid-induced constipation treatment.

Decision rationale: The patient presents on 09/09/15 with right elbow pain rated 6/10 with medications, 9/10 without medications. The patient's date of injury is 04/08/04. The request is for Amitiza 24mcg #60 with 1 refill. The RFA is dated 09/09/15. Physical examination dated 09/09/15 reveals tenderness to palpation of the right AC joint, right lateral/medial elbow epicondyles, positive Tinel's sign right, and pain elicitation with pronation and supination of the right forearm. The patient is currently prescribed Colace, Senokot, Oxycodone, Nortriptyline, Allegra, Cipro, and Ondansetron. Patient is currently not working. Official Disability Guidelines, Pain Chapter, under Opioid-induced constipation treatment provides clearer guidance: First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Second-line: If the first-line treatments do not work, there are other second-line options. About 20% of patients on opioids develop constipation, and some of the traditional constipation medications do not work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. An oral formulation of methylnaltrexone (Relistor) met the primary and key secondary end points in a study that examined its effectiveness in relieving constipation related to opioid use for non-cancer related pain. The effectiveness of oral methylnaltrexone in this study was comparable to that reported in clinical studies of subcutaneous methylnaltrexone in subjects with chronic non-cancer related pain. There was an 80% improvement in response with the 450 mg dose and a

55% improvement with 300 mg. Constipation drug lubiprostone (Amitiza) shows efficacy and tolerability in treating opioid-induced constipation without affecting patients' analgesic response to the pain medications. Lubiprostone is a locally acting chloride channel activator that has a distinctive mechanism that counteracts the constipation associated with opioids without interfering with the opiates binding to their target receptors. In regard to the continuation of Amitiza, this medication is not necessary as this patient's narcotic medications are no longer supported for continued use. This patient is currently taking Senokot and Colace for opioid-induced constipation. Per progress notes dated 08/12/15 and 09/09/15, the patient reports that despite concurrent use of Senokot and Colace for constipation, she can go for up to 4 days without having a bowel movement. Amitiza is considered by ODG to be a second-line medication for complaints of this nature, and is generally only used in cases where first-line medications are either ineffective or not tolerated. In this case, the failure of Senokot and Colace would generally necessitate the use of a second-line constipation medication. However, this patient is to be weaned from Oxycodone and additional anti-constipation medications are not necessary. Therefore, the request is not medically necessary.