

Case Number:	CM15-0023310		
Date Assigned:	02/12/2015	Date of Injury:	10/01/2007
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/06/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 male, who sustained an industrial injury on 10/1/2007. On 2/6/15, the injured worker submitted an application for IMR for review of Oxycodone IR 20 mg 1-2 PO QID #120, and Oxycodone 10 mg 1 po QD #30, and Senna Lax 8.6 mg 2 po BID #120, and Methadone 10 mg 4po QID #480. The treating provider has reported the injured worker complained of chronic neck and low back pain and uses a cane, back brace and chest wall vest. The diagnoses have included cervical and lumbar intervertebral degeneration disc disease/radiculopathy, arthritis of spinal facet, degenerative thoracic spine intervertebral disc/radiculopathy. Treatment to date has included chronic pain management/medications, chest wall vest and clam shell brace. On 1/9/15 Utilization Review MODIFIED Oxycodone IR 20 mg 1-2 PO QID #120, and MODIFIED THE ADDITIONAL REQUEST FOR Oxycodone 10 mg 1 po QD #30 to give the provider "time to provide necessary documentation or to taper off the medication", and Methadone 10 mg 4po QID #480 has been MODIFIED for one month to taper off the medication and NON-CERTIFIED Senna Lax 8.6 mg 2 po BID #120. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 20 mg 1-2 PO QID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids

Decision rationale: Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that 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. The treating physician does not fully document an increased level of function, or improved quality of life. The morphine equivalent per day based on the progress notes well exceeds the 120 per MTUS recommendations The UR modified the request to allow for a wean which is reasonable. As such the question for Oxycodone IR 20mg 1-2 po QID #120 is not medically necessary.

Oxycodone 10 mg 1 po QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that 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. The treating physician does not fully document an increased level of function, or improved quality of life. The morphine equivalent per day based on the progress notes well exceeds the 120 per MTUS recommendations The UR modified the request to allow for a wean which is reasonable. As such the question for Oxycodone 10 mg 1 po QD #30 is not medically necessary.

Senna Lax 8.6 mg 2 po BID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Pain (Chronic), Opioid-induced constipation treatment Pain (Chronic), Opioid-induced constipation treatment

Decision rationale: Docusate and sennoside are stool softeners and laxatives, respectively. This patient is undergoing treatment with Oxycodone and Methadone, which are opioids. The length of time this patient has been on these meds are unknown. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber and 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. Uptodate states "Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents." Additionally, "There is little evidence to support the use of surfactant agents in chronic constipation. Stool softeners such as docusate sodium (eg, Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less effective than other laxatives". The treating physician does not document any attempts at first line therapy and does not document the results of the first line therapy. Additionally, the medical documents did not include complaints of bowel dysfunction. The UR has modified the opioids to allow for a wean, making the indication for this medical irrelevant. As such, the request for Senna lax 8.6mg 2 po BID #120 ill is not medically indicated at this time.

Methadone 10 mg 4po QID #480: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps for prescribing methadone Page(s): 62, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96.

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: 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." The treating physician does not fully document an increased level of function. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day

based on the progress notes well exceeds the 120 per MTUS recommendations. As such, the request for Methadone 10 mg 4 po QID #480 is not medically necessary.