

Case Number:	CM15-0028321		
Date Assigned:	02/20/2015	Date of Injury:	02/16/1992
Decision Date:	04/06/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/16/2015

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 60 year old male, who sustained an industrial injury on 2/16/92. He has reported lumbar spine injury. The diagnoses have included chronic lumbar spine pain, post lumbar spine surgery syndrome and status post lumbar spine surgery. Treatment to date has included medications, surgery, conservative measures and pain pump. Currently, the injured worker complains of chronic lumbar spine and lower extremity pain. There was no change in the character or distribution of the pain. The pain pump continues to be helpful in managing the pain. The oral medications remain useful for their various purposes. Physical exam reveals that the injured worker is able to transfer from station to station such as to and from a semi-recumbent position on the procedure room chair for his pump refill without assistance. He ambulates with his trunk held in slight forward flexion as usual for him. The urine drug screen dated 8/6/14 was consistent with medications prescribed. The treatment plan was to re-fill medications. On 2/16/15 Utilization Review modified a request for Baclofen 10mg #270 with 3 refills, modified to Baclofen 10mg #20 without refills, Amitriptyline 50mg #90 with 3 refills modified to Amitriptyline 50mg 1 by mouth at bedtime #30 without refill, Fluoxetine 20mg #90 with 3 refills modified to Fluoxetine 20mg 1 by mouth once a day #30 without refills and Senokot-S #360 with 3 refills modified to Senokot-S 1 by mouth up to 4 times a day for 1 month supply without refills, noting regarding the Baclofen 10mg due to risk for withdrawal from abrupt discontinuation, partial certification recommended for downward titration and complete discontinuation. Regarding the Amitriptyline 50mg partial certification due to risk for withdrawal from abrupt discontinuation, partial certification recommended for downward

titration and complete discontinuation. Regarding Fluoxetine 20mg, the partial certification was to allow for compliance with medication guidelines and evidence of functional benefit as a result of the medication. Regarding the Senokot-S #360, partial certification is recommended as Norco has been approved and medical necessity was established to address opioid induced constipation. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #270 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 01/19/2015, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pages 64-65.

Decision rationale: Baclofen USP is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any functional improvement from treatment of Baclofen being prescribed for this chronic injury. The -Baclofen 10mg #270 with 3 refills is not medically necessary and appropriate.

Amitriptyline 50mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: Per Guidelines, Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment; however, submitted reports have not demonstrated the medical indication or functional improvement from treatment already rendered for this chronic injury with continued pain complaints. Report has noted the patient with complaints of persistent pain taking chronic medications without demonstrated specific functional improvement in terms of increased ADLs,

decreased medication profile and medical utilization for this chronic injury. The Amitriptyline 50mg #90 with 3 refills is not medically necessary and appropriate.

Fluoxetine 20mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: MTUS Medical Treatment Guidelines do not recommend Cymbalta, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Fluoxetine 20mg #90 with 3 refills is not medically necessary and appropriate.

Senokot-S #360 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 01/19/2015, Opioid induced constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioid- Initiating Therapy and Long-term users of Opioids Page(s): 77, 78.

Decision rationale: Senokot is a laxative used to treat constipation caused by conditions such as slowing of the intestines (e.g., diabetic autonomic neuropathy), prolonged bed rest/hospitalization, use for constipated meds, or irritable bowel syndrome. Senokot is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, there are no demonstrated symptoms of constipation and no clinical findings related to GI side effects. Although chronic opioid use is not supported, Senokot may be provided for short-term relief as long-term opioid use is supported. It is not to be used for more than 7 days as long-term use (months to years) or use of higher-than-recommended doses may cause very serious health problems such as laxative dependence, persistent constipation, or loss of normal intestine function. However, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication with opiates not indicated for this chronic injury. The Senokot-S #360 with 3 refills is not medically necessary and appropriate.