

Case Number:	CM15-0029070		
Date Assigned:	02/23/2015	Date of Injury:	06/11/2008
Decision Date:	05/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/17/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 65 year old female with an industrial injury date of 06/11/2008. The mechanism of injury is documented as a fall with injury to the left shoulder, left wrist, left hand, neck, head and low back. She presented on 02/06/2015 for follow up. She had been utilizing Methadone 5 mg two to three times a day on average. She had stopped it prior to coming in to see how she would do. She was utilizing Lyrica 50 mg three times daily, Relafen 500 mg twice daily, Colace twice daily and Senna tablets two tablets twice a day. She reports her pain is improved 50% with Relafen. She utilizes a walker and a cane. Prior treatment included physical therapy, home exercise program and medications. Diagnoses include: Status post multi-level decompression and fusion 09/04/2009 and 09/11/2009; Low back pain with bilateral sciatica; Right lumbar 5 severe radiculopathy with active denervation; Probable left lumbar 5: sacral 1 radiculopathy; Probable complex regional pain syndrome; Severe chronic pain syndrome; Constipation; Chronic opioid medication management; Right knee pain; Medical history of hypertension. On 02/17/2015 utilization review issued a decision of non- certification for the following: Methadone 5 mg # 60, MTUS was cited; Relafen 500 mg # 60, MTUS was cited; Lyrica 50 mg # 90, MTUS was cited; Colace 250 mg # 60, MTUS was cited; Sennalax tablets # 120, MTUS was cited; Urine drug screen quantity 4 - MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use 4) On-Going Management Page(s): 78.

Decision rationale: The IW has been on long term opioids which are not recommended. Additionally, documentation did not include 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. This request is not medically necessary and reasonable.

Relafen 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: According to the MTUS and ODG guidelines NSAIDs are recommended as a second-line treatment after acetaminophen for exacerbations of chronic back pain. NSAIDs are recommended for osteoarthritis, chronic back pain and acute exacerbations of back pain. According to the progress notes provided the IW was on Relafen 500 mg twice daily since at least July 2014 for low back pain radiating down both legs. There is no evidence that the IW had an adequate trial of acetaminophen. This request is not medically necessary and appropriate.

Lyrica 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 15-19.

Decision rationale: MTUS guidelines state that antiepileptic drugs are recommended for neuropathic pain. A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. The patient should be asked at each visit as to whether there has been a change in pain or function. It is noted that there is no EMG/NCV in the

case file to document neuropathy in the IW. There was no documentation of objective functional benefit with prior use of this medication. The request is not medically necessary and appropriate.

Colace 250mg #60: Upheld

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

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

Decision rationale: MTUS does not comment on laxative use in chronic pain. ODG guidelines recommended as indicated below. In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. First line treatment includes 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. There are no notations of failure of first line treatments or constipation in the records provided. This request is not medically necessary and appropriate.

Sennalax tablets #120: Upheld

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

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

Decision rationale: MTUS does not comment on laxative use in chronic pain. ODG guidelines recommended as indicated below. In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. First line treatment includes 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. There are no notations of failure of first line treatments or constipation in the records provided. This request is not medically necessary and appropriate.

Urine drug screen qty: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Guidelines Chapter Pain (Chronic) last updated on 2/10/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement Page(s): 89.

Decision rationale: According to MTUS guidelines, IW's treated with opioids may be required to sign a pain treatment agreement. Part of the agreement may include urine screening for medication and illicit substances. No pain management agreement was submitted stating urinalysis was required and there was no notation of irregular behavior suggesting abuse. This request is not medically necessary and appropriate.