

<b>Case Number:</b>	CM15-0212255		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	12/22/2003
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 a date of injury on 12-22-2003. The injured worker is undergoing treatment for morbid obesity, hypertension, status post bilateral knee arthroplasty, L4-5 degenerative spondylolisthesis, gastroesophageal reflux disease, constipation with hemorrhoids, and sleep apnea-obstructive apnea. A physician progress note dated 09-14-2015 documents the injured worker has continued low back pain, which radiates to both legs. She has bilateral knee pain. She is taking Tramadol for her pain and she does not tolerate NSAIDs due to gastritis. She is obese; gait is slow and restricted with lumbar pain tenderness. There is allodynia noted throughout the lumbar spine and over her knees bilaterally. She has mild swelling over the knees with pain to palpation at the medial and lateral joint lines. Treatment to date has included diagnostic studies, medications, CPAP, and bilateral knee arthroplasty. The treatment plan includes Proctofoam Cream, Senokot 2mg #60, Tramadol 50mg #90 (since at least 06-03-2013), Prilosec for gastroesophageal reflux disease, Rozerem for sleep disorder, Flector 1.3% patch, and the injured worker started on Atenolol, Lisinopril and Norvasc for hypertension. She is requesting creams because the Lidoderm patches continue to roll off or fall off and she would like to use creams as a supplement to her pain medications. On 10-05-2015 Utilization Review non-certified the request for Proctofoam Cream, Senokot 2mg #60 and Tramadol 50mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Proctofoam Cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, proctofoam.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of hemorrhoids or rectal fissures. The patient does not have these diagnoses due to industrial incident. Therefore, the request is not medically necessary.

**Tramadol 50mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

**Decision rationale:** The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.

**Senokot 2mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of

constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore, the request is medically necessary.