

Case Number:	CM15-0213202		
Date Assigned:	11/03/2015	Date of Injury:	12/04/2003
Decision Date:	12/18/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/29/2015

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:

This is 61 a year old female with a date of injury on 12-4-03. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and back pain. Progress report dated 9-23-15 reports follow up for neck, mid and lower back. Symptoms are unchanged since last visit. The neck pain is aching, cramping and burning and radiates into her bilateral extremities and she has frequent headaches that radiate up her forehead. The neck pain is rated 8 out of 10. The mid back pain is aching and cramping rated 6 out of 10. The lower back pain is aching, burning rated 6 out of 10. She has trouble sleeping, averaging about 4 hours and has continued complaints of depression, irritability and increased pain. She is await approval of aqua therapy. Objective findings: tender to palpation of the cervical spine and cervical range of motion decreased in all planes. Treatments include: medication, chiropractic, physical therapy, injections, left and right carpal tunnel release, h-wave, occupational therapy, home exercise program, cervical fusion (2005). According to the medical records as of November 2005, the injured worker had worsening depression and ongoing treatment for individual and group psychotherapy was recommended and has been taking Norco since at least 2008. Request for authorization was made for Senna 8.6-50 mg quantity 60, Norco 5-325 mg quantity 90 with 1 refill and Unknown ongoing psychiatric and pain psychology follows ups. Utilization review dated 10-7-15 modified the request to certify Norco 5-325 mg quantity 68 and 3 psychiatric and pain psychology follow-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6/50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Opioid-induced constipation treatment.

Decision rationale: The 61 year old patient complains of neck pain, rated at 8/10, radiating to bilateral upper extremities along with headaches; mid back pain, rated at 6/10; low back pain, rated at 6/10, along with burning and cramping pain in the first digit of the right foot; and sleep issues; as per progress report dated 09/23/15. The request is for Senna 8.6/50mg #60. The RFA for this case is dated 09/23/15, and the patient's date of injury is 12/04/03. The patient is status post C5-6 and C6-7 ACDF in 2005, as per progress report dated 09/23/15. Diagnoses included cervical facet arthropathy and neck pain. Medications included Norco, Prilosec and Ketoprofen cream. The patient is status post bilateral carpal tunnel release and status post bilateral ulnar nerve release, as per progress report dated 07/31/15. Diagnoses, as per this report, included cervical post-laminectomy pain syndrome, cervical spondylosis, cervical radiculopathy, cervical herniated disc, cervical spinal stenosis, cervical degenerative disc disease, cervicgia, lumbago and myofascial pain syndrome. Medications, as per this report, included Norco, Prilosec, Naproxen, Cymbalta, Senna and Ketoprofen cream. Diagnoses, as per psychiatry AME report dated 06/03/15, included major depressive disorder, anxiety disorder, and panic attacks. Diagnoses, as per progress report dated 11/13/15 (after the UR denial date), included hand pain and paraesthesia of hand. The patient's work status has been documented as permanent and stationary, as per progress report dated 09/23/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 77 regarding constipation states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." ODG Guidelines, Pain (Chronic) Chapter under Opioid-induced constipation treatment Section states: "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." In this case, Senna is first noted in progress report dated 05/20/15. However, the most recent report available for review dated 09/23/15, indicates that medication has been discontinued. The treater does not explain why the medication was prescribed nor does the treater document the reason for its discontinuation. As per progress report dated 07/04/15, the patient has GI complications due to medications. Multiple reports also indicate that Prilosec has been prescribed to manage the patient's gastritis. However, although the patient is on opioids, there is no indication of constipation for which Senna is recommended. Given the lack of specific documentation, the request is not medically necessary.

Norco 5/325mg #90 with 1 refill: Upheld

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

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

Decision rationale: The 61 year old patient complains of neck pain, rated at 8/10, radiating to bilateral upper extremities along with headaches; mid back pain, rated at 6/10; low back pain, rated at 6/10, along with burning and cramping pain in the first digit of the right foot; and sleep issues; as per progress report dated 09/23/15. The request is for Norco 5/325mg #90 with 1 refill. The RFA for this case is dated 09/23/15, and the patient's date of injury is 12/04/03. The patient is status post C5-6 and C6-7 ACDF in 2005, as per progress report dated 09/23/15. Diagnoses included cervical facet arthropathy and neck pain. Medications included Norco, Prilosec and Ketoprofen cream. The patient is status post bilateral carpal tunnel release and status post bilateral ulnar nerve release, as per progress report dated 07/31/15. Diagnoses, as per this report, included cervical post-laminectomy pain syndrome, cervical spondylosis, cervical radiculopathy, cervical herniated disc, cervical spinal stenosis, cervical degenerative disc disease, cervicgia, lumbago and myofascial pain syndrome. Medications, as per this report, included Norco, Prilosec, Naproxen, Cymbalta, Senna and Ketoprofen cream. Diagnoses, as per psychiatry AME report dated 06/03/15, included major depressive disorder, anxiety disorder, and panic attacks. Diagnoses, as per progress report dated 11/13/15 (after the UR denial date), included hand pain and paraesthesia of hand. The patient's work status has been documented as permanent and stationary, as per progress report dated 09/23/15. 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 4As (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." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Norco was first noted in progress report dated 06/16/05. Reports also document the use of Vicodin and Tylenol #3. As per progress report dated 09/23/15, Norco provides "significant relief," and helps the patient relax. Fatigue is the common side effect of the opioid in this patient. As per progress report dated 07/04/15, which documents the use of Tylenol #3, medications help reduce pain from 8/10 to 7/10. The medications help with "her pain and normalization of function." The patient however, has GI complications due to their use. CURES report was consistent, and an urine sample was collected for toxicology screening, as per progress report dated 05/20/15, which also indicates the use of Tylenol #3. As per progress report dated 04/06/15, which documents the use of Norco, medications help reduce pain from 8/10 to 6-7/10. While opioids lead to some pain relief, the one-point reduction in pain does not appear significant. Additionally, the treater does not discuss objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should includes social, physical, psychological, daily and work activities." In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request is not medically necessary.

Unknown ongoing psychiatric and pain psychology follows ups: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The 61 year old patient complains of neck pain, rated at 8/10, radiating to bilateral upper extremities along with headaches; mid back pain, rated at 6/10; low back pain, rated at 6/10, along with burning and cramping pain in the first digit of the right foot; and sleep issues; as per progress report dated 09/23/15. The request is for unknown ongoing psychiatric and pain psychology follow-ups. The RFA for this case is dated 09/23/15, and the patient's date of injury is 12/04/03. The patient is status post C5-6 and C6-7 ACDF in 2005, as per progress report dated 09/23/15. Diagnoses included cervical facet arthropathy and neck pain. Medications included Norco, Prilosec and Ketoprofen cream. The patient is status post bilateral carpal tunnel release and status post bilateral ulnar nerve release, as per progress report dated 07/31/15. Diagnoses, as per this report, included cervical post-laminectomy pain syndrome, cervical spondylosis, cervical radiculopathy, cervical herniated disc, cervical spinal stenosis, cervical degenerative disc disease, cervicgia, lumbago and myofascial pain syndrome. Medications, as per this report, included Norco, Prilosec, Naproxen, Cymbalta, Senna and Ketoprofen cream. Diagnoses, as per psychiatry AME report dated 06/03/15, included major depressive disorder, anxiety disorder, and panic attacks. Diagnoses, as per progress report dated 11/13/15 (after the UR denial date), included hand pain and paraesthesia of hand. The patient's work status has been documented as permanent and stationary, as per progress report dated 09/23/15. MTUS Chronic Pain Guidelines 2009, page 8, Introduction Section, Pain Outcomes and Endpoints, Regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, a request for psychiatry and pain psychology follow-up is noted in progress report dated 09/23/15. The treater states that these visits are "helping" the patient. The patient has been diagnosed with major depressive disorder, anxiety disorder, and panic attacks, as per AME report dated 06/03/15. She may, therefore, benefit from additional psychiatry and pain psychology follow-ups. The treater, however, does not indicate the number visits and duration of the treatment, and MTUS does not support such open-ended requests. Hence, the request is not medically necessary.