

Case Number:	CM15-0215597		
Date Assigned:	11/05/2015	Date of Injury:	01/11/2011
Decision Date:	12/21/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/02/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male with an industrial injury dated 01-11-2011. A review of the medical records indicates that the injured worker is undergoing treatment for pain in joint upper arm, chronic pain, pain in joint forearm, pain psychogenic, degeneration lumbar lumbosacral disc, carpal tunnel syndrome , persistent insomnia, and depression. According to the progress note dated 09-16-2015, the injured worker reported chronic back, wrist and elbow pain. Pain is worse with use of upper extremities and extended activities, made better with rest and medication. Medication provides a 40% pain decrease and increases his tolerance for walking and standing. The injured worker reports no side effects. Review of systems reveals that the injured worker denies constipation and depression. Pain level score was not documented in report (07-21-2015, 08-19-2015, and 09-16-2015). Current Medications include Fluoxetine-Prozac, Nabumetone-Relafen, Docusate Sodium (since at least June 2015), Quetiapine Femarate-Seroquel (since at least June 2015), Zantac, Gabapentin, Salonpas patch, and Hydrocodone-APAP (since at least June of 2015). Objective findings (07-21-2015, 08-19-2015, and 09-16-2015) revealed no acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness or suicidal ideation. Treatment has included Electromyography (EMG) of bilateral upper extremity, Computed tomography scan of the left elbow, MRI of the left elbow, MRI of lumbar spine, MRI of right wrist, left elbow surgery on 04-24-2014, physical therapy, prescribed medications, and periodic follow up visits. The injured worker is permanent and stationary. The utilization review dated 10-06-2015, non-certified the request for Quetiapine Femarte - Seroquel 25mg #60, Docusate Sodium soft gel 100mg and Hydrocodone-APAP 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #120: Upheld

Claims Administrator 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 Chapter (Online Version), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck and 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 the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid since in excess of the recommended 2-week limit. The treating physician does not detail sufficient information to substantiate the need for continued opioid medication. As such, the question is not medically necessary.

Docusate Sodium softgel 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter (Online Version), Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing,

Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: Docusate is a stool softener. This patient is undergoing treatment with an opioid. The length of time this patient has been on the opioid is 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." Up-to-date 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 did not document that he encouraged the patient drink 8 tall glasses of water daily, exercise as tolerated, and consume a high fiber diet. Thus, the treating physician did not report how compliant the patient was to the first line constipation treatment and did not indicate if fiber treatment was initiated. Additionally, no quantitative or qualitative description of bowel movement frequency/difficulty was provided either pre or post "constipation treatment education" by the physician, which is important to understand if first line constipation treatment was successful. As such, the request is not medically necessary at this time.

Quetiapine Femarte - Seroquel 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter (Online Version), Atypical antipsychotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental; atypical antipsychotics.

Decision rationale: MTUS states regarding mental health treatments, "Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder)." ODG further states regarding Quetiapine, "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG." Medical records indicate that the patient has tried several different antidepressant medications prior to Seroquel. Medical documents lack detailed mental health notes and treatment history. Additionally, the documentation does not include information on goal setting, assessment of psychological function and addressing co-morbid disorders. There is insufficient documentation of failure of first line meds. Therefore, the request is not medically necessary.

