

Case Number:	CM15-0033847		
Date Assigned:	02/27/2015	Date of Injury:	08/18/2010
Decision Date:	04/17/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 54-year-old female injured worker suffered an industrial injury on 8/17/2010. The diagnoses were chronic cervical strain with radiculitis, lumbar strain, insomnia and left carpal tunnel syndrome. The diagnostic studies were electromyography, cervical magnetic resonance imaging, and lumbar magnetic resonance imaging. The 2015 MRI of the lumbar spine showed multilevel disc bulges, central stenosis, facet arthropathy and neural foramina stenosis with contact to nerve roots. The treatments were medications, physical therapy and spinal injections. The treating provider reported pain in the neck left wrist, low back and left lower extremity. There was reduced range of motion to the cervical spine with spasms facet tenderness. The lumbar spine pain limited range of motion with spasms and positive straight leg raise with decreased sensation. The pain score of 10/10 is decreased by 50% with utilization of the medications. The medications listed are Norco, Colace and Klonopin. The UDS report dated 10/22/2014 was consistent with prescribed Norco. A Utilization Review determination was rendered recommending non certification for retrospective (DOS 1/27/2015), Colace 100mg #60, Klonopin 1mg # 60, Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Colace 100 mg #60 DOS: 1/27/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that prophylaxis and treatment for opioids induced constipation can be instituted during chronic opioids treatments. The chronic use of opioids can be associated with decreased gastrointestinal motility that may progress to constipation and intestinal obstruction if left untreated. The guidelines recommend that conservative measures such as increase in fluid and fiber intake be instituted first before progression to medication management. The records indicate that the patient is on chronic opioids medications. There is documentation that the Colace is effective in prophylaxis against constipation. The criteria for the retrospective use of Colace 100mg #0 DOS 1/27/2015 was met.

Retrospective request for Klonopin 1 mg #60 DOS: 1/27/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines for the treatment of anxiety and insomnia be limited to short periods of less than 4 -6 weeks. The chronic use of benzodiazepines is associated with the rapid development of tolerance, dependency, addiction, daytime somnolence, sedation and adverse interaction with opioid medications. It is recommended that anticonvulsant and antidepressant medications be utilized as first line treatment in chronic pain patients with co-existing psychosomatic symptoms. The records indicate that the patient had utilized Klonopin longer than the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the retrospective use of Klonopin 1mg #60 DOS 1/27/2015 was not met.

Retrospective request for Norco 10/325mg #90 DOS: 1/27/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records show documentation of compliant monitoring with consistent UDS and functional restoration with the use of Norco. There is no indication of aberrant drug behavior or adverse effect. The criteria for the retrospective use of Norco 10/325mg DOS 1/27/2015 was met.