

Case Number:	CM15-0035210		
Date Assigned:	03/03/2015	Date of Injury:	01/29/2009
Decision Date:	04/17/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

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, 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 injured worker is a 54-year-old male, who sustained an industrial injury on 1/29/2009. The diagnoses have included lumbago, sciatica, and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included surgical (anterior and posterior fusion from L4-S1 on 9/01/2010 and 9/03/2010) and conservative measures. Currently, the injured worker complains of chronic low back pain, with radicular symptoms to the left lower extremity. Current medications included Neurontin, Oxycodone, Lexapro, Klonopin, Baclofen, Senna, and Colace. He reported a 50% reduction of pain with the use of medications. Pain was rated 4/10 with medications and 8/10 without. Magnetic resonance imaging of the lumbar spine, performed on 5/18/2014, was referenced in the PR2 report as showing no significant change from 10/03/2012, with degenerative and post-operative changes at L4-5 and L5-S1, and left foraminal narrowing with possible mild impingement on the exiting left L5 within the foramen. The injured worker was receiving follow-up for depression and anxiety. Exam of the lumbar spine noted tenderness throughout, most prominent at the lower lumbar spine. Seated straight leg raise was positive on the left. Deep tendon reflexes in the lower extremities were 2+/4 throughout. Motor testing in the lower extremities was 5/5 in all major muscle groups. Reduced sensation was reported along the anterolateral aspect of the left thigh. On 2/09/2015, Utilization Review non-certified a request for Colace 250mg (#60 with 1 refill), citing Official Disability Guidelines, non-certified a request for Senna 8.6mg (one tablet at bedtime with 1 refill), citing Official Disability Guidelines, non-certified a request for Klonopin 1mg (#30 with 1 refill),

citing MTUS Chronic Pain Medical Treatment Guidelines, and non-certified a request for Oxycodone 15mg (#180), citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 250mg, 1 tablet twice daily, #60 1 refill, prescribed 2/2/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 77.

Decision rationale: Regarding the request for Colace, California Pain Medical Treatment Guidelines support the prophylactic treatment of constipation in patients undergoing opioid therapy. The opioid (oxycodone) is not medically necessary, and there is no documentation of another clear indication for this use of this medication other. In the absence of clarity regarding the above issues, Colace is not medically necessary.

Senna 8.6mg, 1 tablet at bedtime, 1 refill, prescribed 2/2/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 77.

Decision rationale: Regarding the request for Senna, California Pain Medical Treatment Guidelines support the prophylactic treatment of constipation in patients undergoing opioid therapy. The opioid (oxycodone) is not medically necessary, and there is no documentation of another clear indication for this use of this medication other. In the absence of clarity regarding the above issues, Senna is not medically necessary.

Klonopin 1 mg, 1 tablet at bedtime as needed, #30 prescribed 2/2/15: Upheld

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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24 of 127.

Decision rationale: Regarding the request for Klonopin (clonazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." Tolerance to anxiolytic effects occurs within months and long-term use may

actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Klonopin (clonazepam) is not medically necessary.

Oxycodone 15mg, 1 tablet every 4 hours as needed, #180 prescribed 2/2/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for oxycodone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes pain relief as well as some mild functional improvement of 10 minutes in standing and walking tolerance. However, there is no current documentation regarding side effects and discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone is not medically necessary.