

Case Number:	CM15-0038633		
Date Assigned:	03/09/2015	Date of Injury:	09/24/1999
Decision Date:	04/17/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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:

The injured worker is a 69-year-old male, who sustained an industrial injury on September 24, 1999. The mechanism of injury is unknown. The diagnoses have included internal derangement of shoulders, chronic neck pain with radiculopathy, chronic pain syndrome with depression and carpal tunnel syndrome. Treatment to date has included chiropractic treatment, exercise, stretching, medication, home cervical traction unit, muscle stimulator unit, psychotherapy, home massager and splints. On February 20, 2015, the injured worker complained of ongoing neck and upper back pain. He reported constant tension in his neck and upper shoulder area. He also complained of numbness and tingling in the arms and fingers, especially at night. On February 26, 2015, Utilization Review non-certified Senokot S #60 x 2 refills, Oxycontin 20mg #120 and Amrix 15mg #30 x 2 refills, noting the CA MTUS and Official Disability Guidelines. On February 26, 2015, the injured worker submitted an application for Independent Medical Review for review of Senokot S #60 x 2 refills, Oxycontin 20mg #120 and Amrix 15mg #30 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot S 2 PO QD #60 x 2 refills: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Opioid-induced constipation treatment.

Decision rationale: The patient presents with unrated neck and upper back pain and muscle tension, with associated numbness and tingling to the upper extremities - left worse than right. Patient also reports persistent unrated bilateral shoulder pain. The patient's date of injury is 09/24/99. Patient has no documented surgical history directed at these complaints. The request is for SENOKOT S 2 PO QD #60 X 2 REFILLS. The RFA is dated 02/20/15. Physical examination dated 02/20/15 reveals trigger points in the bilateral upper trapezius and levator scapulae muscles. Left shoulder examination reveals tenderness to palpation of the anterior aspect and positive impingement sign. The patient is currently prescribed Relafen, Oxycontin, unspecified Diabetes medication, Senokot, Prilosec, Amrix, and Voltaren Gel. Diagnostic imaging was not included. Patient is classified as permanent and stationary, is not working. Regarding Opioid-induced constipation treatment, ODG recommends that Prophylactic treatment of constipation should be initiated. ODG states: "As first-line treatment, patient should be advised to increase physical activity, maintain appropriate hydration by drinking enough water, and follow a proper diet, rich in fiber. 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, the patient is prescribed Senokot for opiate-induced constipation. This patient has been taking Senokot since at least 02/14/14. Progress notes consistently document the efficacy of this medication in resolving this patient's constipation complaints. Given the conservative nature of this medication and documented efficacy, continued use is appropriate. The request IS medically necessary.

OxyContin 20mg #120 QID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with unrated neck and upper back pain and muscle tension, with associated numbness and tingling to the upper extremities - left worse than right. Patient also reports persistent unrated bilateral shoulder pain. The patient's date of injury is 09/24/99. Patient has no documented surgical history directed at these complaints. The request is for OXYCONTIN 20MG #120 QD. The RFA is dated 02/20/15. Physical examination dated 02/20/15 reveals trigger points in the bilateral upper trapezius and levator scapulae muscles. Left shoulder examination reveals tenderness to palpation of the anterior aspect and positive impingement sign. The patient is currently prescribed Relafen, Oxycontin, unspecified Diabetes medication, Senokot, Prilosec, Amrix, and Voltaren Gel. Diagnostic imaging was not included. Patient is classified as permanent and stationary, is not working. MTUS Guidelines 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 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. In regard to the request for Oxycontin, the treater has not provided adequate documentation to continue its use. This patient has been prescribed Oxycontin since at least 02/14/14. The only mention of medication efficacy is "The pain is helped by the Oxycontin." This statement appears consistently in reports 02/14/14 through 02/20/15. These reports do not provide any specific functional improvement attributed to medications, or provide discussion of aberrant behaviors. No consistent urine drug screens or discussions are included, and there is no discussion of an intent to perform weaning, either. Given a lack of 4A's documentation as required by MTUS, continuation of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

Amrix 15 mg 1PO QPM #30 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with unrated neck and upper back pain and muscle tension, with associated numbness and tingling to the upper extremities - left worse than right. Patient also reports persistent unrated bilateral shoulder pain. The patient's date of injury is 09/24/99. Patient has no documented surgical history directed at these complaints. The request is for AMRIX 15MG 1 PO QPM #30 X 2 REFILLS. The RFA is dated 02/20/15. Physical examination dated 02/20/15 reveals trigger points in the bilateral upper trapezius and levator scapulae muscles. Left shoulder examination reveals tenderness to palpation of the anterior aspect and positive impingement sign. The patient is currently prescribed Relafen, Oxycontin, unspecified Diabetes medication, Senokot, Prilosec, Amrix, and Voltaren Gel. Diagnostic imaging was not included. Patient is classified as permanent and stationary, is not working. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Amrix treater has specified an excessive duration of therapy. This patient has been taking Amrix since at least 02/14/14, and the subsequent progress notes document a reduction in muscle spasms attributed to this medication. Guidelines indicate that muscle relaxants such as Amrix are appropriate for acute exacerbations of lower back pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, the requested 30 tablets with 2 refills does not imply short duration therapy. Therefore, the request IS NOT medically necessary.