

Case Number:	CM15-0041153		
Date Assigned:	03/11/2015	Date of Injury:	04/20/2003
Decision Date:	04/16/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/04/2015

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, 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:

This 41 year old female sustained an industrial injury to the back and neck on 4/20/03. Previous treatment included magnetic resonance imaging scans, electromyography/nerve conduction velocity test, transcutaneous electrical nerve stimulator unit, lumbar fusion, lumbar disc replacement, cognitive behavioral therapy, acupuncture, facet injection, physical therapy, aquatic therapy, herbal supplements, home exercise and medications. In an office visit dated 2/11/15, the injured worker complained of back and neck pain rated 10/10 without medications. The injured worker reported being in extreme pain due to not having her medications for a month. The injured worker also reported depression and sleep disturbances. The physician noted that the injured worker had had two knee surgeries in the last two years and had lost 40 pounds in the last five months. Current diagnoses included chronic pain syndrome, degeneration of cervical intervertebral disc, degeneration of lumbar disc and lumbar spine post laminectomy syndrome. The treatment plan included continuing physical therapy, aqua therapy, transcutaneous electrical nerve stimulator unit and medications (Opana ER, Norco, Gabapentin, Bupropion HCL, Doc-Q-Lace, Senna and Tizanidine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

Opana ER 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: As shared previously, in regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

Gabapentin 600mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 16 and 19.

Decision rationale: The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsant, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective

for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. The request is not medically necessary under the MTUS evidence-based criteria.

Doc-Q-Lace 100mg #100 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core: 2009 Oct. page 51.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, 2014 web edition, regarding Docusate.

Decision rationale: The MTUS and the ODG are silent on Docusate. The Physician Desk Reference notes it is to soften stool and prevent constipation. It is not clear that there actually was constipation, and therefore that the medicine was essential. Further, I would agree that multiple refills would be unnecessary, especially if the patient is seeing the provider regularly. Also, natural fiber and other sources of avoiding constipation were not documented as being tried and exhausted per the records. The request is not medically necessary.

Senna LAX 8.6mg #60 with 6 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, Alternative Medicines, under Senna.

Decision rationale: Senna is an herbal laxative which contains Sennosides, which are irritating to the colon, and thereby, induces bowel movements. I did not see strong issues with constipation as to why an herbal preparation would be needed over simple dietary fiber control. The request is not medically necessary.

Tizanidine 4mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 64.

Decision rationale: Regarding muscle relaxants like Tizanidine, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute

exacerbations in patients with chronic LBP. In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request is not medically necessary.