

Case Number:	CM15-0045418		
Date Assigned:	03/17/2015	Date of Injury:	04/20/2009
Decision Date:	04/20/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 67 year old woman sustained an industrial injury on 4/20/2009. The mechanism of injury is not detailed. Current diagnoses include right shoulder pain, status post left shoulder arthroscopy, chronic right knee pain, bilateral wrist pain, bilateral foot pain, bilateral carpal tunnel syndrome per nerve conduction studies, depression, and insomnia. Evaluations include nerve conduction studies and an MRI of the right shoulder. Treatment has included oral medications, aquatic therapy, surgical intervention, and cortisone injection to the right shoulder. Physician notes dated 2/9/2015 show complaints of bilateral shoulder pain rated 7/10 with medications and 9/10 without medications. Recommendations include a three month supply of Tylenol #3 and Gabapentin, and two refills for Prilosec and Colace. The worker was instructed to follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Those patients prescribed opioids chronically require ongoing monitoring of pain relief, functional status, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued when there is pain relief and functional improvement and/or the injured worker has regained employment. In this instance, Tylenol #3 (tylenol with codeine) is being utilized twice daily. There is VAS evidence of pain relief with the medication. Functional status is quite high in that the injured worker exercises twice to five times a week and is independent with ADL's. No aberrant drug taking behavior is detected and 2 urine drug screens have been performed within the last year. The injured worker does have manageable constipation. Tylenol with Codeine #180 (Tylenol #3) is medically necessary. This opinion differs from that of utilization review. That reviewer felt that there was no functional improvement with the medication. In this reviewer's opinion, the medical record indicates maintained, high-level of functionality, in part, as a consequence of the Tylenol with codeine.

Prilosec 20 mg # 30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, and cardiovascular risk Page(s): 68-69.

Decision rationale: Patients taking NSAIDS and with risk factors for gastrointestinal events are appropriate for proton pump inhibitors like Prilosec to lessen those chances. Risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). For the treatment of dyspepsia secondary to an NSAID, it is recommended to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this instance, the NSAID Voltaren XR has been stopped secondary to a combination of dyspepsia and gastroesophageal reflux symptomatology. The guidelines do not recommend both discontinuing the NSAID and treating with a proton pump inhibitor. The utilization reviewer did certify one month of Prilosec and that seems entirely reasonable to treat residual symptoms but the provision of additional refills does not. Therefore, Prilosec 20 mg #30 with 2 refills is not medically necessary.

Colace 100 mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Pain (Chronic) chapter. Opioid induced constipation treatment section.

Decision rationale: If prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. 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 instance, it is well documented that the injured worker does have opioid induced constipation and that the Colace is effective for treating and preventing it. The tylenol with codeine has been judged to be medically necessary and therefore the Colace 100 mg #60 with 2 refills is medically necessary as well.