

Case Number:	CM15-0056946		
Date Assigned:	04/01/2015	Date of Injury:	02/20/1998
Decision Date:	05/22/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/25/2015

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, Washington

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 55 year old who sustained an industrial injury on 02/20/1998. The mechanism of injury was not provided in the medical records. Diagnoses included left lumbar radiculopathy, lumbar back pain, and obesity, degenerative disc disease of the lumbar spine, hypertension, congestive heart failure and diabetes. Treatment to date had included diagnostic studies, medication, and a home exercise program. Surgical history and diagnostic testing were not provided in the medical records. Her current medications included Oxycontin 20 mg XR one tab every 12 hours; oxycodone HCL 15 mg tablets on to two every 6 hours as needed; Gabapentin 300mg capsule one cap three times daily; Flexeril 10 mg tablets one every 8 hours as needed; Constulose 10gm/15mL soln 15 mL daily as needed; and Ibuprofen 600mg tablet one tab four times daily as needed. A physician progress note dated 11/25/2014 documented the injured worker had continued high-level lower back pain and radicular complaints down both legs, 70% on the left and 30% on the right. Leg symptoms extended down to the top of the feet. Over the last few months it had been increasing. She was having more difficulty trying to manage with activity modification and medications alone. She had positive straight leg raise tests on both the right and left at about 50 degrees. The treatment plan was for continuation of medication regime. Treatment requested was for Constulose 10gm/15ml Soln. (Lactulose) Take 15ml daily PRN constipation #1 bottle x 3, Flexeril 10mg Tabs (Cyclobenzaprine HCL) 1 po q8h prn muscle spasms 3 max/day #90 x 3, Gabapentin 300mg caps (GABAPENTIN) 1 tab PO tid for neuropathic pain #90 x 3, and Oxycodone HCL 15mg Tabs (Oxycodone HCL) one to two tabs po q6 prn breakthrough pain (max 6/d) #180 x 0. The request for authorization was not provided

in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Constulose 10gm/15ml Soln (Lactulose) Take 15ml daily PRN constipation #1 bottle x 3:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The California MTUS Guidelines recommend, under initiating therapy, that prophylactic treatment of constipation should be initiated. Although the guidelines recommend treatment of constipation to be initiated with opioid use, the concurrent request for continued use of opioids was not supported. Therefore, the need for prophylactic treatment of constipation is also not supported. Given the above, the request for Constulose 10 gm/15 mL solution (lactulose) take 15 mL daily as needed for constipation, 1 bottle times 3 is not medically necessary.

Flexeril 10mg Tabs (Cyclobenzaprine HCL) 1 po q8h prn muscle spasms 3 max/day #90 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to the California MTUS Guidelines, Flexeril is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. Efficacy appears to diminish over time, and prolonged use of some muscle relaxants may lead to dependence. The documentation submitted for review indicated the injured worker had no change in pain/spasticity control since the last evaluation. However, as the guidelines state that Flexeril is recommended for short term use, the documentation received indicated the patient had been taking the requested medication for longer than the 3 week recommendation. Therefore, the continued use is not supported. Given the above, the request for Flexeril 10 mg tabs (cyclobenzaprine HCl) 1 by mouth every 8 hours as needed for muscle spasms 3 maximum/day #90 times 3 is not medically necessary.

Gabapentin 300mg caps (GABAPENTIN) 1 tab PO tid for neuropathic pain #90 x 3:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use of chronic pain, Specific anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: According to the California MTUS Guidelines, gabapentin is 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. The documentation submitted for review indicated the injured worker had an objective increase in function and decrease in pain. Therefore, the request would be supported. However, the request as submitted for 3 refills is excessive and fails to allow for re-evaluation. Therefore, the request is not supported. Given the above, the request for gabapentin 300 mg caps (gabapentin) 1 tab by mouth 3 times a day for neuropathic pain #90 times 3 is not medically necessary.

Oxycodone HCL 15mg Tabs (Oxycodone HCL) one to two tabs po q6 prn breakthrough pain (max 6/d) #180 x 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the 4 As for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Although the injured worker was noted to have an objective increase in function and a decrease in pain with the use of the requested medication, the documentation failed to indicate whether the patient had adverse effects or aberrant drug taking behaviors. Therefore, the continued use is not supported. Given the above, the request for oxycodone hydrocodone 15 mg tabs (oxycodone HCl) one to two tabs by mouth every 6 hours as needed for breakthrough pain (maximum 6/day) #180 times 0 is not medically necessary.