MAXIMUS Federal Services

Case Number:	CM15-0058031		
Date Assigned:	04/02/2015	Date of Injury:	07/11/2011
Decision Date:	07/23/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/26/2015

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: 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:

The injured worker is a 57 year old male with an industrial injury dated 7/11/11. A diagnosis is listed as lumbar pain and strain. Additional diagnoses listed on the physician progress report are illegible. In a progress report dated 2/24/15, a treating physician notes the primary complaint is low back pain. Pain is rated at 4-8/10 frequent, and moderate to severe. A decrease in pain is noted with medications and when lying in bed. Pain level with medication is noted as 5/10 and without is 8-9/10. Duration of relief is 3-4 hours and the functional benefits are that he is able to perform activities of daily living, sleep is improved, and there is improved participation in his therapy program. Straight leg raise is negative. There is tenderness to palpation of the lumbar spine paravertebral muscle. He was noted to have stress and anxiety. Medications are Senna for constipation secondary to medication use, Cymbalta, Norco, and Neurontin. The treatment plan is noted as continue medications and progress to a home exercise program, start home core strength exercise. Work status is noted as temporary total disability through 3/3/15 and return to work on 3/4/15 with restrictions. The requested treatment is Norco 10/325mg #120, Senna 100mg #100, and blood labs for kidney/liver function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco since at least July 2014 status-post back surgery. There is documentation of functional improvement and a decrease in pain and the injured worker is participating in a home exercise program. However, there is no evidence of a pain contract or urine drug screen to assess compliance or abhorrent behavior. A request for Norco was recently approved for weaning purposes only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #120 is determined to not be medically necessary.

Senna 100mg #100: 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 Opioids, Criteria for Use Section Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioid-Induced Constipation Treatment Section.

Decision rationale: The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker has been treated with opioid medications, and there is documentation of problems with constipation. Senna is a natural laxative. As the request for Norco is no longer supported, the request for Senna 100mg #100 is determined to not be medically necessary.

Blood labs for Kidney/Liver Function: 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 NSAIDs Section Specific Drug List & Adverse Effects Section Page(s): 104.

Decision rationale: Per MTUS guidelines NSAIDs are recommended with caution. Disease-State Warnings for all NSAIDs: All NSAIDS have [U.S. Boxed Warning]: for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS should never be used right before or after a heart surgery (CABG - coronary artery bypass graft). NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Other disease-related concerns (non-boxed warnings): Hepatic: Use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDS. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. While the guidelines recommend periodic monitoring of CBC, Chemistry Panel (including LFT & RFT) while using NSAIDs, they do not make recommendations concerning periodicity of monitoring, In this case, it is unclear why the labs are being requested as the injured worker is not utilizing NSAIDs and the guidelines do not suggest routine monitoring of these labs with opioid use. The request for blood labs for kidney/liver function is determined to not be medically necessary.