

Case Number:	CM15-0059734		
Date Assigned:	04/20/2015	Date of Injury:	05/05/2000
Decision Date:	07/16/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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: New York
 Certification(s)/Specialty: Internal 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 44-year-old male, with a reported date of injury of 05/05/2000. The diagnoses include pain disorder associated with both psychological and medical factors, irritable bowel syndrome, and gastropathy. Treatments to date have included oral medications, and a transcutaneous electrical nerve stimulation (TENS) unit. The supplemental report on psychology progress dated 03/04/2015 indicates that the injured worker continued to be distressed by a disruption in getting his pain medications in a timely manner. The objective findings include a sullen appearance; a depressed, anxious, and angry mood; fair judgment, insight, and impulsivity; and no evidence of delusions, hallucinations, or formal thought disorder. The treating physician requested Oxycodone, Oxycontin, Baclofen, Colace, Klonopin, Prilosec, Soma, and Ketorolac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #90: 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 Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN -- Opioids.

Decision rationale: According to ODG and MTUS, Oxycodone is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. According to ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opiate therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Oxycontin 15mg #60, 1 refill: 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 Page(s): 91-97.

Decision rationale: According to ODG and MTUS, Oxycontin is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. According to ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. Medical documentation is not clear about the; 1) Least reported pain over the period since last assessment. 2) Average pain. 3) Intensity of pain after taking the opioid. 4) How long it takes for pain relief. 5) How long pain relief lasts. 6) Improvement in pain. 7) Improvement in function. These are necessary to meet MTUS guidelines. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Baclofen 10mg #180, 1 refill: 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 Page(s): 63, 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle relaxants.

Decision rationale: The California MTUS Guidelines and the ODG recommends non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain(LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, there is no documentation that this injured worker has maintained increase in function, or decrease in pain or spasm with the use of Baclofen. The duration of Baclofen use has far exceeded the guideline criteria (of 2-3 weeks). In addition, it was unclear why two (2) muscle relaxants were necessary. Medical necessity for the requested muscle relaxant has not been established. The requested medication is not medically necessary. Of note, discontinuation of Baclofen should include a taper, to avoid withdrawal symptoms, weaning is typically recommended

Colace 100mg #90, 1 refill: 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 Official Disability Guidelines (ODG) Pain--Opioid-induced constipation treatment.

Decision rationale: Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. The injured worker is prescribed stool softener to prevent constipation secondary to Narcotic medication. Medical Documentation does not maintain chronic constipation diagnosis and the injured worker does not present with any symptoms of constipation. Also with non-approval of opioid use, the requested medication is not medically necessary.

Klonopin 1mg #60, 1 refill: 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 Page(s): 24.

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Clonazepam (Klonopin) is a long-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of Clonazepam for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There are no guideline criteria that support the long-term use of benzodiazepines. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, there was no documentation of the indication and duration of use. Of note, discontinuation of the drug should include a taper, to avoid withdrawal symptoms, weaning is typically recommended. The requested medication is not medically necessary.

Soma 350mg #120, 1 refill: 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 Muscle relaxants Page(s): 29, 63.

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. In this case, there is no documentation that this injured worker has maintained increase in function, or decrease in pain or spasm with the use of this medication. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Ketorolac 10mg #12, 1 refill: 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 Page(s): 67, 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs, specific drug list & adverse effects.

Decision rationale: Ketoprofen is a non-steroidal anti-inflammatory drug (NSAID). According to the CA MTUS Guidelines (2009), oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. Ketorolac has [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. There is no documentation why this medication is preferred over other NSAIDs. The request is not medically necessary.