

<b>Case Number:</b>	CM15-0087720		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	09/15/1998
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Physical Medicine & Rehabilitation

### 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 66 year old male, who sustained an industrial injury on 9/15/98. He reported low back pain. The injured worker was diagnosed as having lumbar discogenic degeneration, lumbar nerve root injury, lumbar facet arthropathy, muscle spasm, gastritis, left hip arthritis and Vitamin D deficiency. Treatment to date has included oral medications including Avinza, Norco, Soma, Senokot and Zantac, physical therapy, topical medications and home exercise program. Currently, the injured worker complains of continued low back pain, he states his pain has increased although he is requiring fewer medications. He notes his pain is slightly more severe since the topical cream has been withheld and the medications allow him to continue with activities of daily living. Physical exam noted restricted lumbar range of motion due to pain and low back muscle spasm. The treatment plan included refilling Kadian, Norco, Soma, Colace, Amitiza, Senokot, Zantac and Amitiza; Vitamin D level and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 30mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with chronic low back pain with radiation of pain down the bilateral legs. The current request is for Kadian 30mg #60. Treatment to date has included oral medications including Avinza, Norco, Soma, Senokot and Zantac, physical therapy, topical medications, physical therapy and home exercise program. The patient is not working. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been prescribed Kadian since at least 01/27/15. According to progress report 04/07/15, the patient complains of continued low back pain. Physical examination revealed restricted lumbar range of motion due to pain, positive SLR and low back muscle spasm. Current medications include Kadian, Norco, Soma, Colace, Senokot, Zantac and Amitiza. With medications the patient is able to get out of bed, brush his teeth, cook, get dressed and shop. Without medications he his pain is "severe" and he stays in bed most of the day. Occasionally the patient has nausea and some sedation with medications. UDS was obtained on 03/10/15, which was consistent with the medications prescribed. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request IS medically necessary.

**Norco 10/325mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with chronic low back pain with radiation of pain down the bilateral legs. The current request is for Norco 10/325mg #120. Treatment to date has included oral medications including Avinza, Norco, Soma, Senokot and Zantac, physical therapy, topical medications, physical therapy and home exercise program. The patient is not working. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been prescribed Norco since 2012. According to progress report

04/07/15, the patient complains of continued low back pain. Physical examination revealed restricted lumbar range of motion due to pain, positive SLR and low back muscle spasm. Current medications include Kadian, Norco, Soma, Colace, Senokot, Zantac and Amitiza. With medications, the patient is able to get out of bed, brush his teeth, cook, get dressed and shop. Without medications he his pain is "severe" and he stays in bed most of the day. Occasionally the patient has nausea and some sedation with medications. UDS was obtained on 03/10/15, which was consistent with the medications prescribed. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request IS medically necessary.

**Ultram 50mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with chronic low back pain with radiation of pain down the bilateral legs. The current request is for Ultram 50mg #120. Treatment to date has included oral medications including Avinza, Norco, Soma, Senokot and Zantac, physical therapy, topical medications, physical therapy and home exercise program. The patient is not working. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been prescribed Ultram since 08/19/14. According to progress report 04/07/15, the patient complains of continued low back pain. Physical examination revealed restricted lumbar range of motion due to pain, positive SLR and low back muscle spasm. Current medications include Kadian, Norco, Soma, Colace, Senokot, Zantac and Amitiza. With medications, the patient is able to get out of bed, brush his teeth, cook, get dressed and shop. Without medications, he his pain is "severe" and he stays in bed most of the day. Occasionally the patient has nausea and some sedation with medications. UDS was obtained on 03/10/15, which was consistent with the medications prescribed. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request IS medically necessary.

**Colace 100mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Opioid Induced Constipation Treatment (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines See opioid-induced constipation Page(s): 77.

**Decision rationale:** This patient presents with chronic low back pain with radiation of pain down the bilateral legs. The current request is for Colace 100mg #120. Treatment to date has included oral medications including Avinza, Norco, Soma, Senokot and Zantac, physical therapy, topical medications, physical therapy and home exercise program. The patient is not working. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Colace has been included in patient's medications since at least 01/27/15. MTUS recognizes constipation as a common side effect of chronic opiate use, and patient has been prescribed multiple opiates. This request IS medically necessary.

**Amitiza 24mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain (Chronic) Opioid Induced Constipation Treatment (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines See opioid-induced constipation Page(s): 76-78. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, has the following regarding lubiprostone - Amitiza.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Amitiza 24mg #60. Treatment to date has included oral medications including Avinza, Norco, Soma, Senokot and Zantac, physical therapy, topical medications, physical therapy and home exercise program. The patient is not working. The ODG Guidelines, under the pain chapter, has the following regarding lubiprostone - Amitiza, "recommended only as a possible second-line treatment for opiate-induced constipation. See opioid-induced constipation treatment." The MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation while opiates are used. In this case, the patient is also taking Colace, a stool softener which relieves constipation. The reason for the requested Amitiza is not provided and there is no medical rationale provided that supports the use of Amitiza instead of a first-line treatment for constipation. Amitiza is recommended as a second-line treatment and there is no indication that the patient has failed first-line medication. The requested Amitiza IS NOT medically necessary.