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| Case Number: | CM14-0118316 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 06/27/1991 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 07/28/2014 |

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee was a female who sustained an industrial injury on 06/29/91. She was being treated for low back pain radiating down to both lower extremities. Her urine drug screen done on 06/16/14 was positive for acetaminophen, hydrocodone, hydromorphone and norhydrocodone consistent with her medications. Her progress notes from 06/16/14 was reviewed. Her subjective complaints included persistent low back pain, stiffness and soreness radiating to both lower extremities as well as pain in both hips. Her pain was 7/10. She reported that her pain medications provided 40-50% improvement of symptoms and pain and she reported improvement of functionality with basic activities of daily living. Her medications had been stable for some time. She had been unable to taper her medications due to severe flares with decrease in medications. She was having constipation that was controlled with laxatives. She was not reporting other adverse symptoms or side effects. Pertinent objective findings included antalgic gait, bilateral spasms with flexion to 45 degrees with subjective pain. The diagnoses included intractable low back pain with neuropathic pain, lumbar arachnoiditis, lumbar herniated disc and reactive depression and severe constipation. Medications were refilled, home exercise plan provided and urine toxicology testing was done. She was permanently disabled. Her prior notes also indicate that she had severe constipation for which she was being treated with Lactulose and Relistor. She was also taking Valium for back spasms, Omeprazole for GI upset and Dilaudid 4mg 2 by mouth three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: 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, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS Chronic Pain Medical Treatment guidelines, proton pump inhibitors are indicated for NSAID-induced dyspepsia and as a prophylaxis in patients with intermediate or high risk for GI events. The medical records provided have no documentation of ongoing GI symptoms or NSAID use that would necessitate proton pump inhibitors like Omeprazole. The request for Omeprazole is not medically necessary or appropriate.

Lactulose one (1) bottle: Overturned

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, initiating therapy Page(s): 77.

Decision rationale: According to Chronic Pain Medical Treatment guidelines, prophylactic treatment of constipation is recommended in patients using opioids chronically. Lactulose is a laxative that is being used to severe constipation in this employee who is on multiple opioids including Dilaudid and Norco. Hence, the request for Lactulose is medically necessary and appropriate.

Dilaudid 4mg #180: 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 dosing Page(s): 86.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, MTUS recommends that dosing of opioids should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The employee had severe constipation without other side effects. She had ongoing pain at 7/10 and had functional improvement with ADLs. She had no aberrant behavior. But she was on Norco 10/325mg 6 tablets per day and Dilaudid 4mg 6 tablets per day. This is much more than

the recommended 120mg of MEDs with Dilaudid accounting to 96 MEDs and Norco accounting for 60 MEDs per day. Given the dosing that is much higher than the recommended dosing, the criteria for continued use of Dilaudid are not met. Therefore, this request is not medically necessary.

Norco 10/325mg #180: 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): 86.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, MTUS recommends that dosing of opioids should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The employee had severe constipation without other side effects. She had ongoing pain at 7/10 and had functional improvement with ADLs. She had no aberrant behavior. But she was on Norco 10/325mg 6 tablets per day and Dilaudid 4mg 6 tablets per day. This is much more than the recommended 120mg of MEDs with Dilaudid accounting to 96 MEDs and Norco accounting for 60 MEDs per day. Given the dosing that is much higher than the recommended dosing, the criteria for continued use of Norco are not met. Therefore, this request is not medically necessary.

Valium 10mg #30: 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 Benzodiazepines Page(s): 24.

Decision rationale: Guidelines do not recommend Benzodiazepines for long-term use due to the risk of dependence and since the long term efficacy is unproven. In this employee, the employee had been on Valium at least since January of 2014. Due to the prolonged chronic use, the request for Valium is not medically necessary or appropriate.

Relistor 12mg/0.6ml #15 syringe injections: 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 Other Medical Treatment Guideline or Medical Evidence: Relistor: Indications and usage. www.drugs.com

Decision rationale: Relistor is Methylnaltrexone which is a peripherally acting opioid antagonist that is approved for opioid induced constipation in patients with advanced illness receiving palliative care who have an inadequate response to conventional laxative regimens. The employee even though had opioid induced constipation, had no mention of advanced illness receiving palliative care. The request for Relistor is not medically necessary or appropriate.