

Case Number:	CM14-0124625		
Date Assigned:	08/08/2014	Date of Injury:	06/03/2002
Decision Date:	09/19/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 44 year old male with a work related injury from 6-3-02. He has a diagnosis of post laminectomy syndrome. The claimant has low back pain complaints rated as 5-7/10. The claimant reports that the medications provide functional improvement. He is able to drive his kids to school. Medical Records reflect the claimant is working 20-25 hours a week. The claimant is currently being managed with medications to include Flexeril, Norco, Motrin 800 mg, DSS for constipation. Most recent office visit dated 6-30-14 notes the claimant has diffuse pain to palpation, decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Prescription of Norco 10/325mg #180Refill: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - opioids.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status,

appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The claimant reports functional improvement with the use of his medications. He is able to work and perform ADL's. Therefore, I agree with the prior modified certification for Norco 10/325 # 180 without refills, as ongoing use of opioids requires ongoing documentation of functional improvement.

Prospective Request for 1 Prescription of DSS 250mg #90Refill: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL CLEARINGHOUSE REVEALED THE FOLLOWING: MCKAY SL, FRAVEL M, SCANLON, . MANAGEMENT OF CONSTIPATION. IOWA CITY(IA): UNIVERSITY OF IOWA GERONTOLOGICAL NURSING INTERVENTIONS RESEARCH CENTER, RESEARCH TRANSLATION AND DISSEMINATION CORE;2009 OCT.51.PPHARMACOLOGICAL THERAPY IS INDICATED IF SYMPTOMS OF CONSTIPATION PERSIST DESPITE LIFESTYLE MODIFICATIONS (JOHNSON,2006. EVIDENCE GRADE=D).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Opioids Page(s): 67-73; 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - NSAIDs and Opioids.

Decision rationale: Current evidence based medicine reflects that the use of certain medications can cause secondary GI effects, to include constipation, particularly NSAIDs and opioids. This claimant is being prescribed with medications that can cause secondary GI effects. Therefore, I agree with the previous reviewer that the prescription for DSS 250 mg # 90 without refills is reasonable and medically indicated. Ongoing documentation for need is required to provide continued refills. However, 3 refills have been requested and therefore the request is not medically necessary.

Prospective Request for 1 Prescription of Neurontin 300mg #180Refill: 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUG (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti epilepsy drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - anti epilepsy drugs.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG reflect that anti epilepsy drugs are recommended for neuropathic pain. This claimant has post laminectomy syndrome and radicular pain complaints. Therefore, the request for Neurontin 300 mg # 180 with three refills is reasonable and medically indicated.

Prospective Request for 1 Prescription of Ibuprofen 800mg #90Refill: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - NSAIDS.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG reflect that NSAIDS are not recommended for long term use. Therefore, based on the records provided, there is an absence in documentation that he had an acute exacerbation. Furthermore, guidelines reflect that NSAIDS are recommended as a second line of treatment. Therefore, the medical necessity of this request is not established.