MAXIMUS Federal Services

Case Number:	CM14-0127028		
Date Assigned:	09/16/2014	Date of Injury:	03/11/2010
Decision Date:	10/16/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 50-year-old with a reported date of injury of 09/21/2007. The patient has the diagnoses of chronic pain syndrome and lumbar facet arthropathy. Previous MRI report from 8/10/2013 showed mild disc desiccation with a moderate size disc protrusion without nerve compression and a left annular tear at L4/5. Per the most recent progress notes by the requesting physician dated 05/13/2014, the patient had complaints of low back pain that radiates down the right lower extremity that is unchanged since the last office visit. The physical exam noted tenderness in the lumbar paraspinal muscles with facet tenderness to palpation and bilateral positive straight leg raise tests. The treatment plan recommendations included continuation of medications and psychiatric care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 BID #60: 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): 78-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states:On-Going Management. Actions Should Include:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: 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 membersor other caregivers should be considered in determining the patient's response totreatment. 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 monitoring of these outcomes over time should affect therapeuticdecisions and provide a framework for documentation of the clinical use of thesecontrolled drugs. (Passik, 2000)(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain dairy that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose.This should not be a requirement for pain management.(e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control.(f) Documentation of misuse of medications (doctor-shopping, uncontrolled drugescalation, drug diversion).(g) Continuing review of overall situation with regard to non-opioid means of paincontrol.(h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse.- Chronic back pain: Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassement and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. (Martell-Annals, 2007) (Chou, 2007) There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. (Deshpande, 2007) The long-term us of this medication is not recommended unless certain objective outcome measures have been met as defined above. The patient does report decreased pain while on the medication but still has significant pain as a whole while on the medication. There are no provided objective outcome measure that shows significant improvement in function while on the medication or a return to work. There is no evidence of failure of other conservative treatment modalities and other first line choices for chronic pain. For these reasons criteria for ongoing and continued use of the medication have not been met. Therefore the request is not medically necessary and appropriate.

Senokot-S 50-8.6 mg BID x one month supply, #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Opioid-Induced Constipation Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states that :(d) Prophylactic treatment of constipation should be initiated. This patient is on multiple opioid medications. It is clear through the California MTUS that the preventative treatment of constipation should be initiated when the patient is on opioid therapy. The requested medication is used for the treatment of constipation. This patient meets these criteria thus the medication use is justified. Therefore the request is medically necessary and appropriate.

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