MAXIMUS Federal Services

Case Number:	CM14-0131941		
Date Assigned:	09/19/2014	Date of Injury:	08/30/2004
Decision Date:	10/24/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Pain Medicine 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:

The injured worker is a 56-year-old male who reported injury on 08/30/2004. Mechanism of injury was not submitted for review. The injured worker has diagnoses of chronic low back pain, chronic pain syndrome, status post spinal cord stimulator placement, and chronic neck pain. Past medical treatment consists of physical therapy, ESIs, medial branch blocks, spinal cord stimulator, and medication therapy. Medications include Elavil, Robaxin, Norco, gabapentin, Senna, and Menthoderm cream. There were no urinalysis for drug screens submitted for review. On 07/22/2014, the injured worker complained of neck and low back pain. Physical examination had it noted that the injured worker's pain rate was 8/10 to 9/10. It was noted that the injured worker had increased pain on extension of the cervical spine. Positive tenderness to palpation of the bilateral cervical paraspinals. The injured worker had decreased left C5-7 dermatomes to pinprick and light touch. +4/5 bilateral upper extremities limited by pain. Examination of the lumbar spine revealed tenderness to palpation. He had decreased sensation in the left L3-5 and S1 dermatomes. The injured worker had a positive straight leg raise bilaterally at 60 degrees with pain to the toe and positive slump test. He had 4/5 strength in bilateral lower extremities. The medical treatment plan is for the injured worker to continue the use of medication therapy. The provider feels that the medications are helping manage pain levels. The Request for Authorization form was submitted on 02/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OpioidsHydrocodone (Vicodin, Lortab).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP, Vicodin, Ongoing management Page(s): 75,78.

Decision rationale: The request for Hydrocodone/APAP 5/325mg #60 with 2 refills is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Vicodin for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. An assessment should include what pain levels were before, during, and after medication administration. The efficacy of the medication was not submitted for review. It was indicated in the submitted documentation that the injured worker had a decrease of pain to a 9/10 with medication, but it was unclear which medications. Furthermore, there was no assessment indicating what pain levels were before, during, and after medication administration. Additionally, the submitted documentation lacked any urinalysis or drug screens showing that the injured worker was in compliance with medications. The submitted documentation also did not indicate whether the medication was helping the injured worker with any functional deficits. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Elavil 10mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13.

Decision rationale: The request for Elavil 10mg #30 with 2 refills is not medically necessary. MTUS recommends the use of Elavil. Elavil is a tricyclic antidepressants. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. MTUS Guidelines also state that they are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. It is recommended these outcome measurements should be initiated at 1 week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double blind trials have been of short duration (6 to 12 weeks). Long term effectiveness of antidepressants has not been established. The effect of this class of medication in combination with other classes of drugs has not been well researched. The submitted documentation did not indicate the efficacy of the medication. It is unclear if the medication was helping with any functional deficits the injured worker might have had. Additionally, there was no evaluation of function, changes in the use or other use of analgesic medication, sleep quality or duration. There was also no psychological assessment submitted for review. Furthermore, there was no

indication of side effects the injured worker might have had with the use of this medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Robaxin 750mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant: AntispasmodicsMethocarbamoln(Robaxin, Relaxin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The request for Robaxin 750mg with 2 refills is not medically necessary. MTUS Guidelines state in lower back pain cases, Robaxin shows no benefit beyond NSAID in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The MTUS Guidelines also state that Robaxin is within the class of drugs with limited published evidence along with Chlorzoxazone, Dantrolene, and baclofen. The documentation submitted for review did not indicate whether Robaxin had been effective thus far, no quantified information regarding pain relief was submitted. In addition, there was no assessment regarding current pain on VAS, average pain, intensity, or longevity of pain. The evidence submitted indicates that the injured worker had been taking Robaxin since at least 02/2014, exceeding the recommended guidelines for short term use. Given the above, the request for ongoing use of Robaxin is not supported by the California MTUS recommended guidelines. As such, the request is not medically necessary.

Senna-S #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Purdue Pharma (2005), Senokot (senna-rectal)

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 (Senna-S).

Decision rationale: The request for Senna-S #60 with 2 refills is not medically necessary. The ODG recommends opioid induced constipation treatment. On prescribing an opioid, especially if it will be needed for more than a few weeks, there should be an open discussion with the patient that this medication may be constipating, and the first step should be to identify and correct it. Simple treatments including increasing physical therapy, maintaining hydration by drinking enough water, and advising the injured worker to follow a proper diet rich in fiber. These can reduce the chance and severity of opioid induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over the counter medications can help loosen otherwise hard stools and increase water content in the stool. It was noted in documentation dated 07/22/2014 that the Senna was helping with opioid induced constipation. However, the submitted documentation did not indicate that the provider had

educated the injured worker on proper hydration, proper diet, and proper exercise regarding opioid induced constipation. Additionally, the request as submitted did not indicate a frequency of the medication. Given the above, the injured worker is not within ODG recommended criteria. As such, the request is not medically necessary.