

Case Number:	CM14-0134903		
Date Assigned:	08/29/2014	Date of Injury:	05/04/2004
Decision Date:	09/26/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/22/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 62-year-old male with a 5/4/04 date of injury. At the time (7/10/14) of request for authorization, there is documentation of subjective (lower back, bilateral wrist, and bilateral lower extremity pain) and objective (tenderness over the cervical paravertebral muscles, cervical and lumbar spasms noted, decreased lumbar and cervical range of motion, decreased sensation in the bilateral median nerve distribution, and positive Tinel's and Phalen's signs) findings. The current diagnoses include carpal tunnel syndrome, lumbar radiculopathy, anxiety disorder, chronic pain syndrome, and brachial neuritis or radiculitis. The patient's treatment to date includes ongoing treatment with Docusate sodium, Oxycodone, Oxycontin, and Orphenadrine, physical therapy, and steroid injections. A medical report identifies that medications allow the patient to function. Regarding Oxycodone, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time; and that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Oxycontin, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time; and that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Orphenadrine, there is no documentation of acute muscle spasms or acute exacerbation of chronic low back pain; and short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Docusate Sodium 100mg #60 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City: University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; INITIATING THERAPY Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid Induced Constipation.

Decision rationale: The Chronic Pain Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Docusate sodium is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of Docusate sodium. The MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies that opioid-induced constipation is a common adverse effect of long-term opioid use. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, lumbar radiculopathy, anxiety disorder, chronic pain syndrome, and brachial neuritis or radiculitis. In addition, there is documentation of ongoing treatment with Docusate Sodium. Furthermore, there is documentation of a diagnosis/condition for which Docusate Sodium is indicated (chronic opioid use). Lastly, given documentation that Docusate sodium use allows the patient to function, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Docusate sodium use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Docusate Sodium 100mg #60 with 2 refills is medically necessary.

1 prescription of Oxycodone HCL IR 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS; OXYCODONE Page(s): 74-80; 92.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, the MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of

pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, lumbar radiculopathy, anxiety disorder, chronic pain syndrome, and brachial neuritis or radiculitis. In addition, there is documentation of ongoing treatment with Oxycodone. Furthermore, given documentation that Oxycodone use allows the patient to function, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Oxycodone use to date. However, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Oxycodone HCL IR 10mg #30 is not medically necessary.

1 prescription of Oxycontin 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS; OXYCODONE Page(s): 74-80; 92.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, the MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, lumbar radiculopathy, anxiety disorder, chronic pain syndrome, and brachial neuritis or radiculitis. In addition, there is documentation of ongoing treatment with Oxycontin. Furthermore, given documentation that Oxycontin use allows the patient to function, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Oxycontin use to date. However, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional

status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Oxycontin 20mg #60 is not medically necessary.

1 prescription of Orphenadrine ER 100mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, lumbar radiculopathy, anxiety disorder, chronic pain syndrome, and brachial neuritis or radiculitis. In addition, there is ongoing treatment with Orphenadrine. Furthermore, given documentation of ongoing treatment with opioids, there is documentation of Orphenadrine used as a second line agent. Lastly, given documentation that Orphenadrine use allows the patient to function, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Orphenadrine use to date. However, there is no documentation of acute muscle spasms or acute exacerbation of chronic low back pain. In addition, given a request of 60 tablets of Orphenadrine with 2 refills, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Orphenadrine ER 100mg #60 with 2 refills is not medically necessary.