

Case Number:	CM14-0135021		
Date Assigned:	08/29/2014	Date of Injury:	11/14/2002
Decision Date:	09/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/21/2014

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 64 male who sustained a work injury on 11-14-02. Office visit on 7-21-14 notes the claimant was receiving good pain relief with medications. His pain was 6/10 with medications and 10/10 without medications. On exam, the claimant had 45 degrees of flexion, 15 degrees of extension, bilateral lateral flexion of 30 degrees. The claimant was provided a diagnosis of chronic back pain, constipation and gastroperesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #150: 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 (ODG) pain chapter - opioids.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as 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 decrease in pain with this medication rated as 6/10 with the medication and 10/10 without the medication. However, quantification of improvement, or documentation that this medication improves psychosocial functioning or that the claimant is being monitored as required. Therefore, the medical necessity of this request is not established.

VALIUM 10MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation (ODG) Pain chapter - benzodiazepines.

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Based on the records provided, there is an absence in documentation to support the use of this medication in this case. Therefore, the medical necessity of this request is not established.

PERI-COLACE #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN.

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) opioid induced constipation treatment Other Medical Treatment Guideline or Medical Evidence: US National Library of Medicine.

Decision rationale: US National Library of Medicine notes that Peri Colace relieves occasional constipation (irregularity). ODG notes that if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small- intestinal fluid. Activation of enteric opioid receptors also results

in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient 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, add bulk, and increase water content of the stool. There is an absence in documentation noting first line of treatment has been performed or followed. Additionally, since the use of Percocet is not medically necessary, then the Peri Colace would not be medically necessary.