

Case Number:	CM14-0142996		
Date Assigned:	09/10/2014	Date of Injury:	06/03/2003
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/03/2014

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 & Rehabilitation 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:

The injured worker is a 32-year-old male with a reported injury on 06/03/2003. The injured worker's diagnoses included chronic pain syndrome and lumbar postlaminectomy syndrome. The injured worker's past treatments included medications, physical therapy, and epidural steroid injections. No pertinent diagnostic testing was provided. The injured worker was evaluated on 08/04/2014 for back pain that was much better. The injured worker reported his pain level as being the same. He had low back pain, radiating to the left lower extremity, described as aching, cramping, and tingling. The injured worker denied over sedation or constipation from the opioids. His previous toxicology screen was on 04/17/2014 and was positive for opioids and THC. The injured worker does have a marijuana prescription card. The clinician observed and reported bilateral soft tissue tenderness of the paraspinal region at L4 and the iliolumbar region. The clinician observed pain with motion and did not measure active range of motion. Sensation on the bilateral L4-5 and S1 dermatomes was normal. Special testing involved a seated straight leg raise and Faber test, which were both negative. The injured worker's medications included oxycodone 15 mg 1 tablet 3 times per day as needed, MS-Contin 15 mg ER 1 tablet every 12 hours, Docusate sodium 100 mg twice per day as needed for constipation, and medical marijuana. The requests were for Docusate sodium 100 mg #60 with 5 refills, MS-Contin 15 mg #60, and oxycodone 15 mg #90. These medications were requested for the treatment of chronic pain syndrome and postlaminectomy syndrome, lumbar region. The Request for Authorization form was submitted on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 100 mg, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Page(s): 77.

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

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when initiating opioid therapy. There is no documentation submitted that the injured worker had constipation. However, this side effect from opioid use should be monitored regularly. The request did not include a frequency of dosing. In addition, the request for 5 refills does not allow for the reevaluation of treatment. Therefore, this request for Docusate Sodium 100 mg, #60 with 5 refills is not medically necessary.

MS Contin 15 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

Decision rationale: The injured worker reported no changes to his pain. The California MTUS Chronic Pain Medical Treatment Guidelines recommend discontinuation of opioids if there is no overall improvement in function, if there are repeated violations from the medication contract, or any other evidence of abuse, addiction, or possible diversion. On at least 2 separate occasions it was documented that the injured worker ran out of his medications early, and on 1 occasion, had withdrawal from running out of medications early. These instances happened in early 05/2014 and were reported on 06/02/2014. There is a lack of documentation regarding significant pain relief, objective functional improvements, and appropriate medication use. Additionally, the request did not include a frequency of dosing. Therefore, the request for MS Contin 15 mg, #60 is not medically necessary.

Oxycodone 15 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

Decision rationale: The injured worker reported no changes to his pain. The California MTUS Chronic Pain Medical Treatment Guidelines recommend discontinuation of opioids if there is no overall improvement in function, if there are repeated violations from the medication contract, or

any other evidence of abuse, addiction, or possible diversion, it is suggested that a patient consult with a physician that is trained in addiction to assess the ongoing situation. On at least 2 separate occasions, it was indicated that the injured worker ran out of his medications early, and on 1 occasion, had withdrawal from running out of medications early. These instances happened in early 05/2014 and were reported on 06/02/2014. There is a lack of documentation regarding significant pain relief, objective functional improvements, and appropriate medication use. Additionally, the request did not include a frequency of dosing. Therefore, the request for Oxycodone 15 mg, #90 is not medically necessary.