

Case Number:	CM14-0092575		
Date Assigned:	07/25/2014	Date of Injury:	10/27/2008
Decision Date:	12/24/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/18/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 10/27/2008. Per progress note dated 4/30/2014, the injured worker complains of chronic neck, low back and bilateral lower extremity pain. He reports that he continues to have low back pain radiating down his right lower extremity. He has titrated back up to his original dose of Opana 20 mg three times a day, but continues to feel that he has significant pain down his right lower extremity. He is still not utilizing the spinal cord stimulator. He is not working at this time. On examination his gait was antalgic and he ambulated into the room with assistance of a four point cane. The lumbar spine reveals significant tenderness to palpation at the lumbosacral junction. There is no sign of erythema, swelling, discharge or bleeding from his incision site at the spinal cord stimulator generator. He has tenderness to palpation in this region. Range of motion of lumbar spine is decreased by 80% with flexion, 90% with extension and 70% with rotation bilaterally. Sensations are decreased to light touch along the right lower extremity compared to the left lower extremity. Motor strength was decreased to 4/5 with left leg extension, left foot dorsiflexion and left hip flexion and decreased 3/5 with right foot dorsiflexion and right leg extension, but 4/5 with right hip flexion. Straight leg raise was positive at about 50 degrees bilaterally. Diagnoses include 1) syndrome Postlaminectomy, lumbar 2) sciatica 3) neck pain 4) headache, tension 5) major depression, single episode.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senosides 8.6mg tablet #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use section Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-Induced Constipation Treatment section

Decision rationale: The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is noted be treated with opioid medications, and reports problems with constipation. The request for Sennosides 8.6mg tablet #120 is determined to be medically necessary.

Opana ER 10mg #77: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is reported to have increased his use of Opana ER back to his original dose of 20 mg three times per day, up from 20 mg twice per day. His pain remains uncontrolled. Increasing opioid dosing while there remains poor pain control and evidence of no functional improvement with opioid use is not recommended by the MTUS Guidelines. The request for Opana ER 10mg #77 is determined to not be medically necessary.