

Case Number:	CM14-0210846		
Date Assigned:	12/23/2014	Date of Injury:	02/08/2001
Decision Date:	02/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 patient is a 56-year-old male who was injured on February 8, 2001. The patient continued to experience pain in his back and right lateral thigh. Physical examination was notable for tenderness to the thoracolumbar junction, tenderness to the right paraspinal muscles, spasm of the right paraspinal muscles, positive facet challenge in the right lumbar spine, decreased range of motion of the lumbar spine, and intact sensation in the bilateral lower extremities. Diagnoses included facet mediated back pain, chronic low back pain, chronic pain syndrome, and facet arthropathy for the lumbar spine. Treatment included medications, massage therapy, and medical branch block. Requests for authorization for oxycodone 5 mg #90 and Senna-S #60 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Oxycodone is an opioid medication. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been using oxycodone 3 times daily as needed since at least May 2014 and is achieving analgesia with pain 1-2/10 with medication. In addition urine drug screening for 2014 has been consistent with treatment. There has been no addiction/aberrant behavior. The request is medically necessary.

Senna-S #60: Overturned

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

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; Other Medical Treatment Guideline or Medical Evidence: Drugs for Irritable Bowel Syndrome Treatment Guidelines from The Medical Letter - July 1, 2011

Decision rationale: Senna-S is a compounded medication containing senna and docusate. Senna is a laxative that acts as a colonic stimulant. Docusate is a stool softener. It works by increasing the amount of water that is absorbed by the stool in the gut. 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. If prescribing opioids has been determined to be appropriate, then ODG recommend that prophylactic treatment of constipation should be initiated. 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. In this case there is documentation the patient is suffering from constipation

secondary to opioid use. Prophylactic treatment of constipation is recommended. The request medically necessary.