

Case Number:	CM14-0211991		
Date Assigned:	01/02/2015	Date of Injury:	05/06/2003
Decision Date:	02/28/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/17/2014

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old female who was injured on 5/6/2003. The diagnoses lumbago, degenerative disc disease, lumbar sacral neuritis, brachial neuritis, low back pain, headache, insomnia and muscle spasm. The patient completed PT. The past surgery treatment is significant for L5-S1 fusion in 2011. On 10/27/2014, [REDACTED] noted subjective complaint of low back pain radiating to the lower extremities. There was associated numbness and weakness of bilateral lower extremities. The pain score was reported as 7-8/10 on a scale of 0 to 10. There were objective findings of tender muscle spasm in the lumbar sacral areas, decreased muscle strength of the lower extremities and decreased sensation over the L5, S1 dermatomes. The 9/12/2014 UDS was noted to be inconsistent with no detection of prescribed Butrans. An SI injection is being planned. The medications listed are Butrans, Norco, Senokot, Colace, Robaxin and Piroxicam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 250mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation www.drugs.com/mtm/docusate

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Stool softeners Laxatives Page(s): 74-96. Decision based on Non-MTUS Citation Pain Chapter, Stool softeners and Laxatives

Decision rationale: The CA MTUS and the ODG guidelines recommend that prophylaxis and treatment for the opioid induced constipation should be started at initiation and continued during chronic opioid treatment. The records show that the patient is utilizing multiple opioids and laxatives. The medical necessity for the utilization of the multiple opioid medications was not met. The opioids will be weaned and discontinued. Therefore the utilization of medications for the prophylaxis of opioid induced constipation is not necessary.

Butrans patch 20mcg/hr #4 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 26-27. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of severe pain that did not respond to standard treatment with NSAIDs and PT. It is recommended that Butrans can be utilized as a second line opioid medications in patients with a history of opioid non compliance or addiction detoxification treatment. The records did not show that the patient had a past history of opioid dependency or detoxification. The utilization of Butran- a partial agonist with ceiling effect with pure agonists such as Norco is associated with reduced opioid efficacy. The criteria for the use of Butrans 20mcg/hr #4 3 refills was not met.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction, sedation and adverse interaction with other sedatives. The guidelines recommend that documentation during chronic opioid treatment include serial UDS, compliance monitoring and functional

restoration. The records showed many inconsistent UDS reports with the absence of prescribed opioid medications. There is no documentation of functional restoration. The criteria for the chronic use of Norco 10/325mg #240 was not met. The guidelines recommend that safe standard weaning protocol be followed in patients on high dose opioid medications.

Piroxicam 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of NSAIDs be limited to the shortest periods at the lowest dosage during periods of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The guidelines recommend that the use of Piroxicam be reserved as a second line NSAIDs because of increased risk of NSAIDs related complications. The records did not indicate that the patient failed treatment with first line NSAIDs medications. The patient had been on term NSAIDs medications.

Senokot S #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/mtm/senokot-s

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Stool Softeners and Laxatives Page(s): 74-96. Decision based on Non-MTUS Citation Pain Chapter, Opioids, Laxatives Stool Softeners

Decision rationale: The CA MTUS and the ODG guidelines recommend that prophylaxis and treatment for the opioid induced constipation should be started at initiation and continued during chronic opioid treatment. The records show that the patient is utilizing multiple opioids and laxatives. The medical necessity for the utilization of the multiple opioid medications was not met. The opioids will be weaned and discontinued. Therefore the utilization of medications for the prophylaxis and treatment of opioid induced constipation was not met. The criteria for the use of Senokot S #60 with 3 refills was not met.

Robaxin 500mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter, Muscle Relaxants

Decision rationale: The CA and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interactions with opioids and other sedatives. The records show that the patient had been on long term treatment with muscle relaxants. The subjective and objective findings are not consistent with exacerbation of musculoskeletal pain. the criteria for the use of Robaxin 500mg #120 3 refills was not met.