

Case Number:	CM15-0007953		
Date Assigned:	01/26/2015	Date of Injury:	12/10/2006
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/14/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 68 year old male, who sustained an industrial injury on December 10, 2006. He has reported low back pain. The diagnoses have included lumbar sprain/strain, right lower extremity radiculitis, lumbar disc extrusion, stress, anxiety, depression, and sleep disturbance. Treatment to date has included medications, home exercise program. Currently, the IW complains of continued low back pain. On December 4, 2014 he reports having no changes in symptoms from his previous visit. She reports that medications are helpful in managing her pain. The records indicate she has been taking Norco since on or before February 24, 2014. The records do not indicate the injured worker complains of symptoms consistent with neuropathic pain or nerve damage. On December 19, 2014, Utilization Review provided a modified certification of Norco 10/325 mg, quantity #80, and non-certified Neurontin 600 mg, quantity #60, and non-certified Colace 100 mg, based on MTUS, Chronic Pain Medical Treatment and ODG guidelines. On January 14, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 mg, quantity #90, and Neurontin 600 mg, quantity #60, and Colace 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was a reported reduction in the pain level with the use of his medications collectively (including Norco), however a reduction from 9/10 to 8/10 on the pain scale from the medication use, as documented over the prior two office visits, isn't very significant. Also, the reports on functional benefits wasn't sufficiently specific enough to be measurable. The Norco, based on the documentation available, seems to be somewhat ineffective and will be considered medically unnecessary. Weaning may be necessary.

1 prescription for Neurontin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, although there was some documentation which suggested ongoing neuropathy (decreased sensation on physical examination), there was insufficient documentation to suggest the Neurontin was effectively reducing pain and symptoms as well as increasing overall function, as this was not reported in the notes. Pain levels were reported 8/10 with the use of medication which included all his medications and not just Neurontin, which is not a significant reduction in pain for the current doses of Neurontin. Therefore, the Neurontin will be considered medically unnecessary.

Unknown prescription for Colace 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Pain section, Opioid-induced constipation treatment Medscape: Colace: (<http://reference.medscape.com/drug/colace-dss-docusate-342012#0>)

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Colace is a surfactant laxative and stool softener used for constipation. It is indicated for short-term use, and is not recommended for chronic use due to the risks of dependence and electrolyte disturbances. In the case of this worker, although constipation treatments have been prescribed to him, including Colace, there was insufficient reporting of any side effects from the opioids such as constipation. Also, there was no record submitted that suggested the worker was using first-line therapy methods to reduce his constipation, if this was an actual complaint. Therefore, the Colace will be considered medically unnecessary.