

Case Number:	CM15-0011001		
Date Assigned:	01/27/2015	Date of Injury:	03/21/2000
Decision Date:	06/10/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 62 year old female, who sustained an industrial injury on 3/21/2000. On 1/20/15, the injured worker submitted an application for IMR for review of Avinza 30mg #30, and Lactulose 10mg, and Lisinopril 20mg, and Miraxax, and Neurotin 100mg #90, and Neurotin 300 #90, and Zoloft, and Follow-up visits x3. The treating provider has reported the injured worker complained of back, leg and knee pain. The diagnoses have included back lower, lumbosacral excluding bone, spinal cord and discs, degenerative lumb/lumbosacral intervertebral disc. Treatment to date has included x-rays and medication refills. On 12/19/14 Utilization Review modified all medications as requested for titrating, drug screens and opioids agreements: Avinza 30mg #30, and Neurotin 100mg #90, and Neurotin 300 #90, and Zoloft. The medications are considered a laxative and duplicate mechanism drugs: Lactulose 10mg, and Miraxax. It is noted by the reviewer there should be no need for either once the injured worker has completed the titration of the opioids also listed on this request. Lisinopril 20mg is prescribed for hypertension and the reviewer does not see this diagnosis as part of the claim. It was advised that the injured worker pays for this medication (Lisinopril) on their own. The ODG Guidelines (ODG Workers Compensation Drug Formulary) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90: 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 Antiepilepsy drugs (AEDs) Page(s): 18.

Decision rationale: MTUS guidelines state that AED's are not recommended as there is a lack of evidence to demonstrate that AEDs significantly reduce the level of myofascial or other sources of somatic pain. There is no notation in the records provided that the IW had clinically evident neuropathy related to her degenerative disc disease. The Neurontin is not medically necessary at this time.

Avinza 30mg #30: 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 Avinza Opioids On-Going Management Opioids When to Discontinue Opioids Opioids When to Continue Opioids Page(s): 23, 78-80.

Decision rationale: MTUS guidelines state that Avinza capsules are a brand of modified-release morphine sulfate indicated for once daily administration for the relief of moderate to severe breakthrough pain requiring continuous, around-the-clock opioid therapy for an extended period of time. The IW has been on long term opioids which are not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable at this time.

Miralax 1 tbsp powder #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Opioid-induced constipation treatment.

Decision rationale: MTUS does not comment on laxative use in chronic pain. ODG guidelines recommended as indicated below. In the section, Opioids, criteria for use, if prescribing opioids

has been determined to be appropriate, and then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. First line treatment includes 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. There are no notations of failure of first line treatments or constipation in the records provided. This request is not medically necessary and appropriate.

Lisinopril 20mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Medical management of adults with hypertension.

Decision rationale: MTUS and ODG guidelines do not comment on the use of medication for hypertension. The National Guideline Clearinghouse guidelines indicate that hypertension should be evaluated with at least 2 separate measurements of blood pressure and laboratory analysis. Treatment then starts with lifestyle modification and medication if blood pressure is still elevated. There is no notation in the case file that the IW has hypertension or that evaluation was done prior to starting medication. This request is not medically necessary and appropriate.

Zoloft 50mg #30: 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 Antidepressants for chronic pain Page(s): 14.

Decision rationale: Per MTUS guidelines, antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. With regards to neuropathic pain tricyclic antidepressants are recommended as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Other recent reviews recommended both tricyclic antidepressants and SNRIs (i.e., duloxetine and venlafaxine) as first line options. There is no documentation that the IW failed first line treatment for neuropathy. The request is not medically necessary.

Neurontin 100mg #90: 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 Anti-epilepsy drugs (AEDs) Page(s): 18.

Decision rationale: MTUS guidelines state that AED's are not recommended as there is a lack of evidence to demonstrate that AEDs significantly reduce the level of myofascial or other sources of somatic pain. There is no notation in the records provided that the IW had clinically evident neuropathy related to her degenerative disc disease. The neurontin is not medically necessary at this time.

Follow-up visits x 3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basics of Therapeutics, 12th Ed. McGraw Hill, 2010, Physician's Desk Reference, 68th ED, and on the Official Disability Guidelines (ODG); Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Recommended Frequency of Visits Page(s): 79.

Decision rationale: Per MTUS guidelines, once the IW is out of the trial phase of opioid therapy they should be evaluated every 6 to 8 weeks. The IW is undergoing titration of Neurontin for pain and would thus require close monitoring of opioid to avoid over medication. This request is medically necessary and appropriate.

Morphine Sulfate 15mg #90: 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, criteria for use CRITERIA FOR USE OF OPIOIDS, On-Going Management Page(s): 78.

Decision rationale: The IW has been on long term opioids which are not recommended. Ongoing use of an opioid should include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The medical records provided do not clearly document decreased pain, increased activities and lack of adverse reactions. This request is not medically necessary and appropriate.