

<b>Case Number:</b>	CM15-0014602		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/21/2007
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old male who reported an injury on 08/21/2007. The mechanism of injury was a tripping accident. His diagnosis was noted as postlumbar laminectomy syndrome, radiculopathy, low back pain, hip pain, hip pain and joint in lower leg, mood disorder and cervical radiculitis. His past treatments were noted to include medication, physical therapy, crutches, home exercise program, surgery and activity medication. His diagnostic studies were noted to include an unofficial MRI of the cervical spine performed on 12/05/2014 which was noted to reveal severe central canal stenosis and severe bilateral neural foraminal narrowing with myelomalacia at C4-5 disc space. His surgical history was noted to include an L4-5 laminectomy performed in 2008. During the assessment on 12/19/2014, the injured worker complained of neck and low back pain. He indicated that he was not trying any other therapies for pain relief. The physical examination of the lumbar spine revealed loss of the normal lordosis with straightening of the lumbar spine. The range of motion was restricted with flexion limited to 50 degrees, extension limited to 10 degrees, limited by pain. There is tenderness to palpation upon the paravertebral muscles with hypertonicity. There is tenderness noted on the L4-5 spinous process. There is tenderness noted over the sacroiliac spine. His medications were noted to include Colace 100 mg, amitriptyline HCl 10 mg, baclofen 10 mg, Cymbalta 30 mg and Nucynta 75 mg. The treatment plan was to continue with the current medication regimen. The rationale for Nucynta 75 mg was to continue for pain. The rationale for amitriptyline was not provided. The rationale for baclofen was for muscle spasm. The rationale for Colace 100 mg was for constipation. The Request For Authorization form was dated 01/09/2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 75mg, #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

**Decision rationale:** The request for Nucynta 75mg, #90 with 1 refill is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects and appropriate medication use with the use of random drug screening as needed to verify compliance. The guidelines specify that an adequate 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. There was no quantified information regarding pain relief. There was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screen to verify appropriate medication use. Additionally, a frequency was not provided. Given the above, the request is not medically necessary.

**Amitriptyline HCL 10mg, #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 16-17.

**Decision rationale:** The request for Amitriptyline HCL 10mg, #60 with 1 refill is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety or depression. There should be documentation of an objective decrease in pain, objective functional improvement to include an assessment in the changes and the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation did not indicate that there was an objective decrease in pain and in objective functional improvement that would include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. Given the above, the request is not medically necessary.

**Baclofen 10mg, #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63.

**Decision rationale:** The request for Baclofen 10mg, #60 with 1 refill is not medically necessary. The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation indicated that the injured worker had been on this medication for an extended duration of time and there was a lack of documentation of objective functional improvement. As such, the continued use is not supported. Given the above, the request is not medically necessary.

**Colace 100mg, #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid induced constipation

**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.

**Decision rationale:** The request for Colace 100mg, #60 with 1 refill is not medically necessary. The Official Disability Guidelines indicate, if prescribing opioids has been determined to be appropriate, the prophylactic treatment of constipation should be initiated. 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 tract results in absorption of electrolytes such as chloride, with a subsequent reduction in small intestinal fluid. 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 injured worker to follow a proper diet, rich in fiber. The clinical documentation indicated that the use of Colace was for constipation; however, there was no indication that the constipation was opioid induced. Additionally, there was no documentation indicating that the treating physician requested that the injured worker increase physical activity, maintain appropriate hydration by drinking enough water and was advised to follow a proper diet rich in fiber. Given the above, the request is not medically necessary.