

<b>Case Number:</b>	CM15-0014663		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	09/06/2007
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/26/2014
<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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 47-year-old male who reported an injury on 09/06/2007. The mechanism of injury was noted as: the injured worker was carrying a 50 pound bag of rice, and when pouring the contents into the barrel, the injured worker injured his lower back. His diagnosis was noted as chronic low back pain. His past treatments were noted to include medication, surgery, activity modification and epidural steroid injection. His diagnostic studies were not provided. His surgical history was noted to include a global fusion at L5-S1 and a disc replacement at L4-5, performed in 05/2011. During the assessment on 01/15/2015, the injured worker was evaluated for his low back pain. The injured worker stated that he regretted ever having the surgery, as he has a keloid scar in the anterior abdomen, and now has pain with urination and left leg pain. He indicated the severity of the back pain was moderate to severe. He indicated that the location of the pain was middle back, lower back, gluteal area, and legs and thighs. He indicated that the pain radiated to the left ankle, right ankle, left calf, right calf, left foot, right foot, left thigh and right thigh. He described the pain as deep and sharp, and indicated the pain was aggravated by ascending stairs, bending, changing positions, coughing, daily activities, descending stairs, extension, flexion, jumping, lifting, lying/rest, pushing, rolling over in bed, running, sitting, sneezing, standing, twisting and walking. He rated the pain a 10/10 without medications and a 5/10 with medications. The physical examination revealed a much improved gait. It was noted that the injured worker was able to walk twice as long as he was getting better sleep. His medications were noted to include Norco 10/325 mg, Senna laxative 8.6 mg and Oxycontin 20 mg. The treatment plan was to continue with the current medication

regimen. A rationale for the request was to continue with pain relief and functional improvement with the use of the pain medication. The Request for Authorization form was dated 01/15/2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Senna 8.6mg. take 2 tables twice daily, as needed, #120, prescribed 12/17/14:** 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, Opioid-induced constipation treatment

**Decision rationale:** The request for Senna 8.6mg. take 2 tables twice daily, as needed, #120, prescribed 12/17/14 is not medically necessary. The Official Disability Guidelines indicate 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 result in absorption of electrolytes, such as chloride, with a subsequent reduction in the 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 if this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity; maintain appropriate hydration by drinking enough water; and advising the patient to follow a proper diet, rich in fiber. The clinical documentation did not indicate that the prescribing physician attempted first line treatment or discussion in regard to opioid induced constipation treatment. There was no indication that the injured worker suffered from constipation to warrant the need for Senna 8.6mg. Given the above, the request is not medically necessary.

**Oxycodone HCL 10mg, 1 tablet 3 times daily as needed, #90, prescribed 12/17/14:** Upheld

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

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

**Decision rationale:** The request for oxycodone HCL 10mg, 1 tablet 3 times daily as needed, #90, prescribed 12/17/14 is not medically necessary. The California MTUS Guidelines state that ongoing monitoring of opioid use should include documentation of pain relief, functional status, side effects and appropriate medication use, with the use of random drug screen as needed to verify compliance. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. There was no quantified information regarding pain relief. There is a lack of

documentation regarding adverse effects and evidence of consistent results of urine drug screens to verify appropriate medication use. Given the above, the request is not medically necessary.

**Norco 10/325mg, take 1 tablet every 4-6 hours as needed, #120 prescribed 12/17/14:**

Upheld

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

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

**Decision rationale:** The request for Norco 10/325mg, take 1 tablet every 4-6 hours as needed, #120 prescribed 12/17/14 is not medically necessary. The California MTUS Guidelines state that ongoing monitoring of opioid use should include documentation of pain relief, functional status, side effects and appropriate medication use, with the use of random drug screen as needed to verify compliance. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. There was no quantified information regarding pain relief. There is a lack of documentation regarding adverse effects and evidence of consistent results of urine drug screens to verify appropriate medication use. Given the above, the request is not medically necessary.