

Case Number:	CM15-0110593		
Date Assigned:	06/17/2015	Date of Injury:	05/16/2008
Decision Date:	08/31/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/08/2015

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
 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 65 year old male, who sustained an industrial injury on 5/16/2008. The mechanism of injury is unknown. The injured worker was diagnosed as having thoracic and low back pain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/13/2015, the injured worker complains of neck and right shoulder pain, rated 8/10 without medications and 2/10 with medications. Physical examination showed restricted lumbar range of motion. The treating physician is requesting Miralax with 5 refills, OxyContin 60 mg #90, thoracic epidural steroid injection and a retrospective request for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax 1 bottle with 5 refills: Overturned

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
 Constipation Page(s): 77.

Decision rationale: The patient presents on 06/10/15 with lower back pain which is rated 2/10 with medications, 8/10 without. The patient's date of injury is 05/16/08. Patient is status post right shoulder subacromial decompression and SLAP repair on 02/23/09, and C7-T1 cervical ESI on 09/22/09. The request is for Miralax 1 bottle with 5 refills. The RFA was not provided. Physical examination dated 06/10/15 reveals restricted lumbar range of motion on flexion/extension, positive lumbar facet loading, ankle jerk test 2/4 on the right side - 1/4 on the left, and patellar jerk test 2/4 on the right - 1/4 on the left. The patient is currently prescribed Valium, Oxycontin, Testim, Ambien, Docusate Sodium, Lidoderm, Miralax, Oxycodone, Voltaren Gel, Amlodipine, Atenolol, and Lisinopril. Diagnostic imaging included MRI of the cervical spine dated 06/30/08, significant findings include: "degenerative disc changes are present at the C3-4 through C6-7 level... bilateral foraminal stenosis noted at C3-4 through C7-T1 level... cord impingement is noted at the left C5-6 and C6-7 levels... at the C6-7 level there is left central bone spur and disc complex impinging on the cord." Patient's current work status is not provided. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." In regard to Miralax, the request is appropriate. While this patient's associated constipation prophylaxis is not supported for continued use and is to be weaned the use if Miralax will be necessary to prevent constipation during the weaning period. Therefore, the request is medically necessary.

Oxycontin 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (Oxycodone), Opioids, Criteria for Use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88,89, 80, 81.

Decision rationale: The patient presents on 06/10/15 with lower back pain which is rated 2/10 with medications, 8/10 without. The patient's date of injury is 05/16/08. Patient is status post right shoulder subacromial decompression and SLAP repair on 02/23/09, and C7-T1 cervical ESI on 09/22/09. The request is for Oxycontin 60mg #90. The RFA was not provided. Physical examination dated 06/10/15 reveals restricted lumbar range of motion on flexion/extension, positive lumbar facet loading, ankle jerk test 2/4 on the right side - 1/4 on the left, and patellar jerk test 2/4 on the right - 1/4 on the left. The patient is currently prescribed Valium, Oxycontin, Testim, Ambien, Docusate Sodium, Lidoderm, Miralax, Oxycodone, Voltaren Gel, Amlodipine, Atenolol, and Lisinopril. Diagnostic imaging included MRI of the cervical spine dated 06/30/08, significant findings include: "degenerative disc changes are present at the C3-4 through C6-7 level... bilateral foraminal stenosis noted at C3-4 through C7-T1 level... cord impingement is noted at the left C5-6 and C6-7 levels... at the C6-7 level there is left central bone spur and disc complex impinging on the cord." Patient's current work status is not provided. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's, analgesia, ADLs, adverse

side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In regard to the continuation of Oxycontin for the management of this patient's chronic pain, the request is not indicated per MTUS. The treater does provide documentation of the four A's including analgesia from 8/10 down to 2/10 with use of medication. For ADL's, it is mentioned that the patient is able to exercise and be more active. However, this is not a significant ADL change. More specific details either description or use of appropriate measures are needed to show significant change in ADL's per MTUS. The provider notes that the most recent urine drug screening, collected 05/13/15 was consistent with this patient's prescribed medications and notes a lack of aberrant behavior. More importantly, MTUS p 80, 81 also states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (>16 weeks), but also appears limited". Long-term use of opiates may be indicated for nociceptive pain per MTUS, stating, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)". However, this patient does not present with pain that is presumed to be maintained by continual injury. The request is not medically necessary and the patient should be slowly weaned off of this medication.

Thoracic epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46, 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under 'Epidural steroid injections, therapeutic'.

Decision rationale: The patient presents on 06/10/15 with lower back pain which is rated 2/10 with medications, 8/10 without. The patient's date of injury is 05/16/08. Patient is status post right shoulder subacromial decompression and SLAP repair on 02/23/09, and C7-T1 cervical ESI on 09/22/09. The request is for Thoracic Epidural Steroid Injection. The RFA was not provided. Physical examination dated 06/10/15 reveals restricted lumbar range of motion on flexion/extension, positive lumbar facet loading, ankle jerk test 2/4 on the right side - 1/4 on the left, and patellar jerk test 2/4 on the right - 1/4 on the left. The patient is currently prescribed Valium, Oxycontin, Testim, Ambien, Docusate Sodium, Lidoderm, Miralax, Oxycodone, Voltaren Gel, Amlodipine, Atenolol, and Lisinopril. Diagnostic imaging included MRI of the cervical spine dated 06/30/08, significant findings include: "degenerative disc changes are present at the C3-4 through C6-7 level... bilateral foraminal stenosis noted at C3-4 through C7- T1 level... cord impingement is noted at the left C5-6 and C6-7 levels... at the C6-7 level there is left central bone spur and disc complex impinging on the cord." Patient's current work status is not provided. MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following

criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic -Acute & Chronic-' and topic 'Epidural steroid injections, therapeutic', state that "At the time of initial use of an ESI formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention, a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block < 30% is a standard placebo response. A second block is also not indicated if the first block is accurately placed unless: a. there is a question of the pain generator; b. there was possibility of inaccurate placement; or c. there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections". In regard to the request for a repeat thoracic epidural steroid injection for the management of this patient's chronic pain, the treater has not provided adequate evidence of relief to support an additional injection and has not specified the levels to be injected. Progress note dated 06/10/15: "Patient has had good success in the past with Thoracic ESI's. The last one was over 5 years ago." Such vague statements do not satisfy MTUS guidelines, which indicate that repeat ESIs are not supported unless there is documented pain relief of 50% or greater lasting 6-8 weeks along with documentation of functional improvement and medication reduction. There is insufficient evidence provided that this patient's back pain possesses a radicular component, or any current imaging or electrodiagnostic studies to corroborate stenosis in the thoracic spine. Additionally, the provider has failed to specify the levels to be injected. Therefore, the request is not medically necessary.

Retrospective request for Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urinalysis (opiate screening).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Pain Chapter, under Urine Drug Testing.

Decision rationale: The patient presents on 06/10/15 with lower back pain which is rated 2/10 with medications, 8/10 without. The patient's date of injury is 05/16/08. Patient is status post right shoulder subacromial decompression and SLAP repair on 02/23/09, and C7-T1 cervical ESI on 09/22/09. The request is for Retrospective Request for Urine Drug Screen. The RFA was not provided. Physical examination dated 06/10/15 reveals restricted lumbar range of motion on flexion/extension, positive lumbar facet loading, ankle jerk test 2/4 on the right side - 1/4 on the left, and patellar jerk test 2/4 on the right - 1/4 on the left. The patient is currently prescribed Valium, Oxycontin, Testim, Ambien, Docusate Sodium, Lidoderm, Miralax, Oxycodone, Voltaren Gel, Amlodipine, Atenolol, and Lisinopril. Diagnostic imaging included MRI of the cervical spine dated 06/30/08, significant findings include: "degenerative disc changes are

present at the C3-4 through C6-7 level... bilateral foraminal stenosis noted at C3-4 through C7-T1 level... cord impingement is noted at the left C5-6 and C6-7 levels... at the C6-7 level there is left central bone spur and disc complex impinging on the cord." Patient's current work status is not provided. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." In regard to the retrospective urine drug screening, performed on 05/13/15, the request is appropriate. At the time this patient was prescribed a narcotic medication, Oxycontin, and there is no evidence in the records provided that this patient has undergone any urine drug screening within the past year. Guidelines support urine drug screening on a yearly basis to ensure patient compliance with prescribed narcotic medications, the requested UDS falls within guideline recommendations regarding screening frequency and is an appropriate measure. The request is medically necessary.