

Case Number:	CM15-0112867		
Date Assigned:	06/19/2015	Date of Injury:	10/25/2000
Decision Date:	08/20/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/10/2015

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 67 year old female who sustained an industrial injury on October 25, 2000. She has reported low back pain and has been diagnosed with failed back syndrome, lumbar, radiculopathy, general osteoarthritis involving multiple sites, lumbar spondylosis, and fibromyalgia, myositis. Treatment has included medication and injections. She transitioned from a seated to a standing position with moderate difficulty. Range of motion was limited. There was tenderness to palpation over the lumbar paraspinal muscles. Straight leg raise test was positive at 20 degrees on the right. The treatment request included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp. 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. Upon full review of the documents provided regarding this worker and Norco use, it appears that this full review was performed, albeit in section over time and suggested that the pain reduced by more than 50% or so and improved functions such as using the toilet and other important tasks to warrant continued use of this medication. Therefore, in the opinion of this reviewer based on the documents reviewed, the Norco is medically necessary.

Paxil 20 MG #30 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, pp. 13-16.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy, as tricyclics are contraindicated in patients with cardiac conduction disturbances/decompensation. A trial of 1 week of any type of anti-depressant should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, there was insufficient reporting found regarding the reason for using Paxil and the response with its regular use as well a discussion of the connection between her injury and its need. Without this report found in the documentation provided, the Paxil is not medically necessary until this is provided.

Senokot-S 8.6/50 MG #90 with 1 Refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids p. 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid-induced constipation treatment and Other Medical Treatment Guidelines Medscape: Senna (<http://reference.medscape.com/drug/senokot-exlax-regular-strength-senna-342030#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. Senna is a stimulant laxative used for constipation. It is indicated for short-term use, up to 1 week. Stimulant laxatives can lead to dependence electrolyte abnormalities, and should not be used chronically, if possible. In the case of this worker, there was some report of currently trying to eat more fiber and drink more water (although this is not detailed in the report), Senokot when used seems to help the worker have a regular bowel movement and considering that this reviewer, based on the documentation, suggests continuing Norco is warranted at this time, the use of Senokot will also be considered medically necessary.

Neurontin 300 MG #30 with 1 Refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, pp. 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, there was report of leg and back neuropathic-type pain. The use of Neurontin was reported as being helpful at reducing pain by more than 50% and increase overall functions as found in the documentation provided for review. Based on this report and without any reported side effects noted in the documentation, the continued use of Neurontin at the requested dose and frequency is medically necessary.