

Case Number:	CM15-0117454		
Date Assigned:	06/25/2015	Date of Injury:	10/21/2007
Decision Date:	07/27/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/18/2015

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, Indiana, New York
 Certification(s)/Specialty: 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 47 year old male, who sustained an industrial/work injury on 10/21/07. He reported initial complaints of neck and low back pain. The injured worker was diagnosed as having lumbalgia, and cervical pain. Treatment to date has included medication, surgery (total hip replacement 10/24/14, and activity restrictions. MRI results were reported degenerative changes in the cervical spine, thoracic spine, and lumbar spine. Currently, the injured worker complains of cervical pain rated 6/10 and back pain rated 6/10. There is also radicular pain in the right and left legs. Thoracic pain is also described with radicular pain in both arms. Per the primary physician's progress report (PR-2) on 5/11/15, examination revealed slightly antalgic gait favoring the left leg. Neck exam reveals pain to palpation over C3-C6 facet capsules, bilateral, secondary myofascial pain with triggering and ropey fibrotic banding, positive Spurling's maneuver bilateral, positive foraminal compression testing bilateral. Lumbosacrum exam reveals positive Faber maneuver right, pain to palpation over L3-S1 facet capsules bilateral, pain with rotational extension indicative of facet capsular tears bilateral and secondary myofascial pain with triggering and ropey fibrotic banding. The requested treatments include MS Contin 60mg and Lactulose 10gm/15ml syrup.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, Specific Drug List, Morphine Sulfate, Drug Testing Page(s): 91, 76, 77, 90, 78, 43, 74, 86, 80, 82, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, MS Contin 60mg, #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic neck pain; chronic thoracic pain; chronic low back pain; erectile dysfunction opiate induced; right hip pain; coccydynia; right knee pain. Documentation shows MS Contin was prescribed as for back as November 14, 2014 (in a progress note). The start date for MS Contin was not specified in the medical record. The injured worker takes Norco 10/325mg. There was no documentation demonstrating objective functional improvement with ongoing MS Contin 60mg. According to a May 11, 2015 progress note treatment plan, the treating provider was going to transition the injured worker from MS Contin to Duragesic 25 g. As a result of the transition from one opiate to another, there is no clinical indication for continuing MS Contin 60 mg. Additionally, a urine drug toxicology screen dated December 11, 2014 was inconsistent and showed oxycodone (not currently prescribed to the injured worker). Consequently, absent clinical documentation demonstrating objective functional improvement, documentation indicating a transition from MS Contin 60 mg to Duragesic 25 g with a clinical rationale for continuing MS Contin, MS Contin 60mg, #120 is not medically necessary.

Lactulose 10gm/15ml syrup #9 bottles with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (web: updated 4/30/15) Opioid induced constipation treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682338.html>.

Decision rationale: Pursuant to Medline plus, lactulose 10 gm/15 ML syrup, #9 bottles with three refills is not medically necessary. Lactulose is a synthetic sugar used to treat constipation.

It is broken down in the colon into products that pull water out from the body and into the colon. This water softens stools. Lactulose is also used to reduce the amount of ammonia in the blood of patients with liver disease. It works by drawing ammonia from the blood into the colon where it is removed from the body. In this case, the injured worker's working diagnoses are chronic neck pain; chronic thoracic pain; chronic low back pain; erectile dysfunction opiate induced; right hip pain; coccydynia; right knee pain. Documentation shows MS Contin was prescribed as for back as November 14, 2014 (in a progress note). The start date for MS Contin was not specified in the medical record. The injured worker takes Norco 10/325mg. Subjectively, according to the November 14, 2014 progress note and the May 11, 2015 progress note, there is no documentation indicating ongoing constipation. There is no documentation demonstrating objective functional improvement ongoing lactulose. Additionally, the request for #9 bottles does not specify the size of the bottle (in terms of ccs per bottle). Additionally, the injured worker takes Colace (a first line drug for constipation). The documentation does not indicate objective functional improvement with ongoing Colace. Consequently, absent clinical documentation demonstrating objective functional improvement with ongoing lactulose and the amount/size of the lactulose dispensed, lactulose 10 gm/15 ML syrup, #9 bottles with three refills is not medically necessary.