MAXIMUS Federal Services

Case Number:	CM15-0170224		
Date Assigned:	09/10/2015	Date of Injury:	01/12/2008
Decision Date:	10/08/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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: Massachusetts
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 43 year old male, who sustained an industrial injury on January 12, 2008. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having unspecified major depression single episode, psychogenic pain, cervical disc degeneration, lumbar-lumbosacral disc degeneration, atypical face pain, post concussion syndrome and anxiety disorder in conditions classified elsewhere. Treatment to date included physical therapy, medication, psychological treatment, diagnostic studies and exercises. On August 11, 2015, the injured worker complained of neck, low back and head pain. Notes stated that he finished his physical therapy treatment a week prior. He reported no change in pain but felt that the treatment was helpful in strengthening his muscles and helping him relax. Fentanyl was noted to decrease his pain by 30%, improving his tolerance for performing activities of daily living and home exercises with less pain. He reported constipation with medication use and takes docusate sodium to provide relief. He reported gastrointestinal upset with medications for which he takes Protonix with benefit. The treatment plan included medication, psychology visit and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate sodium 100mg capsule, 2 tabs two times per day for constipation, #120 (Prescribed 8/11/15): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioid-induced constipation treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant sustained injury in January 2008 and continues to be treated for neck pain, low back pain, and had pain with a diagnosis of post concussive syndrome. When seen, he had completed physical therapy the week before. He had been provided with a home exercise program. Medications were providing a 30% decrease in pain with improved activities of daily living and tolerance for home exercises. His Fentanyl dose had been decreased from 25 g to 12 g per hour. The higher dose had been more effective. He was having constipation and was continuing to take docusate. No abnormal physical examination findings were documented. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. In this case, the claimant is continuing to be treated appropriately with Fentanyl. Docusate is effectively treating his constipation and is medically necessary.

Fentanyl 12mcg/hr patch, apply one patch every 72 hours, #10 (prescribed 8/11/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant sustained injury in January 2008 and continues to be treated for neck pain, low back pain, and had pain with a diagnosis of post concussive syndrome. When seen, he had completed physical therapy the week before. He had been provided with a home exercise program. Medications were providing a 30% decrease in pain with improved activities of daily living and tolerance for home exercises. His Fentanyl dose had been decreased from 25 g to 12 g per hour. The higher dose had been more effective. He was having constipation and was continuing to take docusate. No abnormal physical examination findings were documented. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Fentanyl is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved activity tolerance including performing a home exercise program. The claimant is noted to have recently

completed physical therapy. The dose has been decreased consistent with ongoing re-evaluation of his condition. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.