

Case Number:	CM15-0170908		
Date Assigned:	09/11/2015	Date of Injury:	01/21/1998
Decision Date:	10/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/31/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 48 year old male who sustained an industrial injury on 01-21-1998. The injured worker is currently permanent and stationary. Current diagnoses include status post lumbar fusion, chronic pain, and reactive dysphoria, right knee pain status post surgical intervention, left sacroiliac joint dysfunction with piriformis spasticity, and left sided L5 radiculopathy. Treatment and diagnostics to date has included right sacroiliac joint rhizotomies with relief, lumbar fusion, right knee surgery, home exercise program, and medications. Current medications include OxyContin, oxycodone, Lyrica, Senokot-S, Metamucil, and testosterone. In a progress note dated 08-11-2015, the injured worker reported left leg pain with radiation to his left foot and intermittent left leg weakness rated 3 out of 10 on the pain scale, occasional right sided leg pain rated 3 out of 10, and low back pain rated 4-6 out of 10 with medications. Objective findings included muscle triggers to upper gluteals bilaterally, bilateral sacroiliac joint pain to palpation, positive straight leg raise test on left, and bilateral mid thoracic muscular spasm with triggers. The Utilization Review with a decision date of 08-24-2015 non-certified the request for Senokot-S 8.6-50 #100 and OxyContin 40 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.3/50 #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation ODG Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: Per the cited CA MTUS, prophylactic treatment of constipation should be initiated as soon as opioids are begun. The ODG further states that prophylactic treatment of constipation should be initiated and that opioid-induced constipation is a common adverse effect of long-term opioid use. Primary treatment includes increasing physical activity, maintaining appropriate hydration, and following a diet, rich in fiber. In addition, some laxatives may help to stimulate gastric motility to relieve constipation. Based on the available medical records, the injured worker has been on Senokot-S, which is a stool softener/laxative combination, and Metamucil, which is a bulk-forming fiber laxative. It would appear reasonable to maintain effective constipation prophylactic treatment while continuing opioid medications. Thus, the request for Senokot-S 8.6-50 #100 is medically necessary and appropriate.

Oxycontin 40 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), oxycodone Pain (Chronic), OxyContin® (oxycodone).

Decision rationale: According to the cited ODG, OxyContin is not recommended for first-line treatment of acute or chronic non-malignant pain because short-acting opioids are recommended prior to long-acting opioids. The CA MTUS guidelines recommend short acting opioids for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. For nociceptive pain, opioids are recommended as the standard of care for treatment of moderate or severe pain. The theoretical advantage provided by long-acting opioids (e.g. OxyContin) is stable medication levels providing around-the-clock analgesia. The MTUS further states there should be documentation of the 4 As, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's records from 08-11-2015 have included documentation of the pain with medication, no significant adverse effects, and no abnormal behavior, pain contract on file, and pending urine

drug screen. However, pain scale scores are not documented showing the difference with and without medications. There is documentation that states his current medication regimen has given him his best subjective functional benefit, but there are no objective findings documented. Additionally, Utilization Review had previously advised the weaning of OxyContin per the treatment guidelines with enough time now passed to complete weaning. After full review of the cited guidelines and medical documentation, due to the lack of documentation for measurable pain relief and increased functional improvement, the request for OxyContin 40 mg #90 is not medically necessary and appropriate.