MAXIMUS Federal Services

Case Number:	CM15-0175826		
Date Assigned:	09/17/2015	Date of Injury:	10/24/2006
Decision Date:	10/19/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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 62 year old male, who sustained an industrial injury on 10-24-2006. The medical records indicate that the injured worker is undergoing treatment for compression fracture of the thoracic vertebra and lumbar back pain. According to the progress report dated 3-4-2015, the injured worker complains of neck and low back pain. The level of pain is not rated. The physical examination of the lumbar spine reveals antalgic gait, tenderness to palpation over the paraspinal muscles with spasms and positive straight leg raise bilaterally in the back only. The current medications are Gabapentin, Norco, Baclofen, and Linzess. There is documentation of ongoing treatment with Norco, Baclofen, and Linzess since at least 3-4-2015. Treatment to date has included medication management, x-rays, physical therapy, MRI studies, and Dexa scan. Work status is not specified in the 3-4-2015 progress note. The original utilization review (8-21-2015) had non-certified a request for Norco, Baclofen, and Linzess.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury in October 2006 and is being treated for neck and low back pain with a history of a thoracic compression fracture. Medications include Norco with a side effect of opioid induced constipation. Colace and Amitiza are referenced as having been ineffective. When seen, his BMI was over 34. There was an antalgic gait. He had a hyperlordotic posture with lumbar paraspinal muscle spasms. Imaging of the cervical and lumbar spine are negative for findings of myelopathy or stenosis. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing was not medically necessary.

Baclofen 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in October 2006 and is being treated for neck and low back pain with a history of a thoracic compression fracture. Medications include Norco with a side effect of opioid induced constipation. Colace and Amitiza are referenced as having been ineffective. When seen, his BMI was over 34. There was an antalgic gait. He had a hyperlordotic posture with lumbar paraspinal muscle spasms. Imaging of the cervical and lumbar spine are negative for findings of myelopathy or stenosis. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis. The claimant does not have evidence of spasticity due to an upper motor neuron condition. The request was not medically necessary.

Linzess 290mcg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 a work injury in October 2006 and is being treated for neck and low back pain with a history of a thoracic compression fracture. Medications include Norco with a side effect of opioid induced constipation. Colace and Amitiza are referenced as having been ineffective. When seen, his BMI was over 34. There was an antalgic gait. He had a hyperlordotic posture with lumbar paraspinal muscle spasms. Imaging of the cervical and lumbar spine are negative for findings of myelopathy or stenosis. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. Most patients are initially treated with lifestyle modifications, such as increased fluid intake, and increased dietary fiber intake. Additional fiber intake in the form of polycarbophil, methylcellulose, or psyllium may improve symptoms. The next step in the treatment of constipation is the use of an osmotic laxative, such as polyethylene glycol, followed by a stool softener, such as docusate sodium, and then stimulant laxatives. If symptoms do not improve, a trial of linaclotide (Linzess) or lubiprostone may be appropriate. Peripherally acting mu-opioid antagonists are effective for opioid-induced constipation but are expensive. In this case, the claimant has constipation due to opioids. However, ongoing opioid medication use is not supported and there is no evidence of a failure of fiber intake or use of an osmotic laxative. Linzess was not medically necessary.