

Case Number:	CM15-0178824		
Date Assigned:	09/21/2015	Date of Injury:	08/06/2012
Decision Date:	10/28/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old female, who sustained an industrial injury on 8-6-2012. She reported injury to the low back, hips, feet and supra pubic region from being squeezed between piles of pallets. Diagnoses include chronic pain, radiculitis, bilateral ankle pain, right hip pain, and abdominopelvic pain status post crush injury with emotional trauma associated with injury. Treatments to date include activity modification, medication therapy, psychotherapy, lumbar support, walker, chiropractic therapy, TENS unit, and epidural steroid injections. Currently, she complained of ongoing low back pain with radiation to bilateral lower extremities. Pain was rated 7 out of 10 VAS with medication and 9 out of 10 VAS without medications and documented a 70% improvement for approximately three hours with treatment with functional improvement noted. She also reported severe constipation, with stool softener not controlling symptoms and a history of episodes of vomiting-bleeding. It was documented she stopped Norco the previous week due to no bowel movement in four days. Current medications listed included Senokot, Pantoprazole, Butrans Patch, and Tylenol with Codeine #3, Alprazolam, Bupropion and Zaleplon. On 7-27-15, the physical examination documented tenderness in the cervical spine with decreased range of motion. There was tenderness to the lumbar vertebral area with decreased range of motion, decreased sensation to bilateral lower extremities and decreased strength with a positive straight leg raise test. An intramuscular injection of Toradol was administered on this date. The appeal requested authorization of Tylenol #3, #60 tablets; and Senokot 8.6-50mg, #90 tablets. The Utilization Review dated 8-11-15, denied the Senokot and

modified the request for Tylenol #3 to allow #30 tablets citing the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of tylenol #3: Overturned

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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The current request is for 60 TABLETS OF TYLENOL #3. Treatments to date include activity modification, medication therapy, psychotherapy, lumbar support, walker, chiropractic therapy, TENS unit, and epidural steroid injections. The patient is not working. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 07/27/15, the patient presents with tenderness in the cervical spine with decreased range of motion. There was tenderness to the lumbar vertebral area with decreased range of motion, decreased sensation and strength with a positive straight leg raise test. The treater has requested a refill of medications including pantoprazole, Senokot, Butrans patch, and Tylenol #3. The patient reports pain as 6/10 with medications and 9/10 without medications, and documented an average of 70% improvement for approximately three hours. With medications, he is able to participate in ADL's including longer tolerance for walking and sitting, manage most personal self-care, and perform lighthouse hold duties. The patient is tolerating medications well with no significant adverse side effects. Constipation was previously noted with Norco, which has since been discontinued. UDS and Cures reports are rounding monitored. In this case, the 4A's have been addressed, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.

90 Tablets of senokot 8.6-50mg: Overturned

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, criteria for use.

Decision rationale: The current request is for 90 TABLETS OF SENOKOT 8.6-50MG. Treatments to date include activity modification, medication therapy, psychotherapy, lumbar support, walker, chiropractic therapy, TENS unit, and epidural steroid injections. The patient is not working. MTUS, Criteria for Use of Opioids Section, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states, "Opioid induced constipation is a common adverse side effect of long-term opioid use." Per report 07/27/15, the patient presents with tenderness in the cervical spine with decreased range of motion. There was tenderness to the lumbar vertebral area with decreased range of motion, decreased sensation and decreased strength with a positive straight leg raise test. The treater has requested a refill of medications including pantoprazole, Senokot, Butrans patch, and Tylenol #3. The patient is tolerating medications well with no significant adverse side effects. Constipation was previously noted with Norco, which has since been discontinued. MTUS recognizes constipation as a common side effect of chronic opiate use. The patient is prescribed opiates for chronic pain. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.