

Case Number:	CM15-0024426		
Date Assigned:	02/13/2015	Date of Injury:	03/16/2000
Decision Date:	04/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male, who sustained an industrial injury on 3/16/2000. On 2/9/15, the injured worker submitted an application for IMR for review of Diazepam 10mg #60 with 5 refills, and Miralax powder #527 with 12 refills, and Oxycodone 20mg #120, and Chondroitin-Glucosamine 600-750mg #100 with 5 refills. The treating provider has reported the injured worker complained of headache and constipation. The diagnoses have included myalgia and myositis, unspecified; cervicgia, degeneration of cervical and lumbar intervertebral disc , brachial neuritis or radiculitis, chronic pain syndrome; disc bulge, HNP, degenerative disc disease Lumbar. Treatment to date has included chiropractic care, trigger point injections, urine drug screening for medical management, and medications. On 2/2/15 Utilization Review non-certified Diazepam 10mg #60 with 5 refills, and Miralax powder #527 with 12 refills, and Oxycodone 20mg #120, and Chondroitin-Glucosamine 600-750mg #100 with 5 refills. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for Chronic Pain Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Valium is the brand name version of diazepam, a benzodiazepine. MTUS states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks."The requested prescription is for at least 6 months worth of Diazepam, far exceeding the guidelines. The treatment physician does not detail what extenuating circumstances require deviation from the guidelines. As such, the request is not medically necessary.

Miralax powder #527 with 12 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Opioid-induced constipation treatmentUpToDate.com.

Decision rationale: Medical documents indicate that the Miralax would be used for constipation and not as bowel preparation for colonoscopy. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool." Uptodate recommends 'other laxatives', such as sennosides (which the patient is taking), for patients who response poorly to fiber, or who do not tolerate it. The treating physician does not document attempt of the first line treatment mentioned above and the results of those treatments. Additionally, no quantitative or qualitative description of bowel movement frequency/difficulty was provided either pre or post 'constipation treatment education' by the physician, which is important to understand if first line constipation treatment was successful. As such, the request for Miralax powder #527 with 12 refills is not medically necessary with the information provided.

Oxycodone 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78-80, 124, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Oxycodone 20mg #120 is not medically necessary.

Chondroitin-Glucosamine 600-750mg #100 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The Chronic Pain Guidelines states regarding Glucosamine Sulfate, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride." Progress notes do not indicate knee osteoarthritis. Additionally, the medical notes do not specify which of type of glucosamine is requested. Per MTUS, one type of glucosamine is potentially indicated while another type is not. Given the lack of specificity, the request can not be approved as written. As such, the request for Chondroitin-Glucosamine 600-750mg #100 with 5 refills is not medically necessary.