

<b>Case Number:</b>	CM15-0062851		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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, Washington  
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 53-year-old male, who sustained an industrial injury on 4/01/2010. He reported a lifting type injury to the back. Diagnoses include lumbar disc disease, post laminectomy syndrome, and lumbar radiculitis. The CT scan dated 11/14/14 revealed un-united and incomplete lumbar fusion. He is status post multiple multilevel spine surgeries and fusion x2. Treatments to date include medication therapy, multiple therapeutic epidural injections and joint injections. Currently, he complained of ongoing back pain rated 7/10 VAS at worst that was associated with pain and weakness in bilateral lower extremities. On 3/6/15, the physical examination documented muscle spasms, decreased lumbar range of motion, and increased weakness from previous examination around L4-S1 distributions. His current medications were noted to include Dilaudid, docusate, MS Contin, nortriptyline, oxcarbazepine, and senna. The plan of care included continuation of medication therapy and a urine drug screen pending possible spinal surgery. A request for Authorization was submitted on 03/06/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 2mg #30:** 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, Criteria for use Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medications use and side effects. It was noted that the injured worker has been on the medication since at least January of 2015. The clinical documentation submitted for review does not provide evidence of a quantifiable pain scale with and without medication use. Additionally, there was no evidence of increased function with use of the medication. Furthermore, there was no evidence of a consistent urine drug screen, verifying appropriate medication use. Moreover, the request as submitted does not provide a frequency for the medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

**MS Contin 60mg #90:** 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, Criteria for use Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medications use and side effects. It was noted that the injured worker has been on the medication since at least January of 2015. The clinical documentation submitted for review does not provide evidence of a quantifiable pain scale with and without medication use. Additionally, there was no evidence of increased function with use of the medication. Furthermore, there was no evidence of a consistent urine drug screen, verifying appropriate medication use. Moreover, the request as submitted does not provide a frequency for the medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

**Oxcarbazepine 150mg #180 with 3 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 Anti-epilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The California MTUS Guidelines recommended for neuropathic pain. It was noted that the injured worker has been on the medication since at least January of 2015. The clinical documentation submitted for review does provide evidence that the injured worker reported neuropathic pain. However, there was no evidence of a quantifiable pain scale with and without medication use. Additionally, there is no evidence of increased function with use of the medication. Furthermore, the request as submitted does not provide a frequency for the medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

**Nortriptyline 25mg #90 with 3 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 Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The California MTUS guidelines note antidepressants are recommended for patients with neuropathic pain as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The guidelines note antidepressants are recommended for patients with non-neuropathic pain as an option in depressed patients, but effectiveness is limited; non-neuropathic pain is generally treated with analgesics and anti-inflammatories. It was noted that the injured worker has been on the medication since at least January of 2015. The clinical documentation submitted for review does not provide a quantifiable pain scale with and without medication use. Additionally, there was a lack of evaluation in regard to the injured worker's function with or without medication use. There was no mention of how the injured worker is sleeping and duration of sleep. Furthermore, there was no documentation that the injured worker reported any insomnia, anxiety, or depression. The rationale for the medication was not provided. Lastly, the request as submitted does not provide a frequency for the medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

**Docusate 250mg #360 with 3 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, Criteria for use Page(s): 77.

**Decision rationale:** The California MTUS guidelines note during the initiation of opioid therapy, prophylactic treatment of constipation should be initiated. It was noted that the injured worker has been on the medication since at least January of 2015. The clinical documentation submitted for review does provide evidence that the injured worker is on opioid medications. However, there was no evidence that the injured worker reported constipation. Additionally, the request as submitted does not provide a frequency for the medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

**Senna 8.6mg #200 with 3 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, Criteria for use Page(s): 77.

**Decision rationale:** The California MTUS guidelines note during the initiation of opioid therapy, prophylactic treatment of constipation should be initiated. It was noted that the injured worker has been on the medication since at least January of 2015. The clinical documentation submitted for review does provide evidence that the injured worker is on opioid medications. However, there was no evidence that the injured worker reported constipation. Additionally, the request as submitted does not provide a frequency for the medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

**Urine drug screen:** 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 Drug testing Page(s): 43.

**Decision rationale:** The California MTUS guidelines note the use of urine drug screens is recommended as an option to assess for the use or the presence of illegal drugs. The guidelines also recommend the use of urine drug screening to ensure the patient is compliant with their full medication regimen. The clinical documentation submitted for review does provide evidence that the injured worker is currently on opioid medication. However, it is unclear when the injured worker had his last urine drug screen. Additionally, there was no evidence that the treating provider suspected presence of illegal drugs or noncompliance with opioid medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.