

<b>Case Number:</b>	CM15-0066854		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	09/15/1998
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Texas, California  
 Certification(s)/Specialty: 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 66 year old male, who sustained an industrial injury on September 15, 1998. He reported low back pain. The injured worker was diagnosed as having discogenic degeneration lumbar, lumbar nerve root injury, lumbar facet arthropathy, gastritis, and left hip arthritis. He is anterior discectomy and fusion at lumbar 5-sacral 1 with BAK cages, a redo of posterior surgery, posterior instrumentation, and removal of instrumentation. Treatment to date has included MRI, CT, discography, a bone scan of the sacroiliac joints, x-rays, urine drug screening, work modifications, physical therapy, epidural steroid injections, and medications including short-acting and long acting pain, muscle relaxant, anti-anxiety, and non-steroidal anti-inflammatory. On March 24, 2015, the injured worker complains of chronic low back pain with radicular leg pain and low back muscle spasm. His visits are at longer intervals with a decrease in pain medication, but with increased pain. His pain is more severe at the end of the day instead of in the morning as it was previously. His pain level waxes and wanes with his activity level. His oral medication allows him to continue maximal function. Gastritis from medications was noted in the review of systems. The physical exam revealed decreased reflexes at the bilateral ankles, decreased range of motion, low back pain with bilateral straight leg raise testing, a normal gait, normal heel and toe walk, muscle spasm in the bilateral low back, and left hip pain with internal and external rotation. The treatment plan includes refills of short-acting and long acting opioid, histamine 2 antagonist, stool softener, muscle relaxant, and calcium channel activator. The medication list include Norco, Soma, Kadian, Colace, Amitiza, Senakot, Zantac, ultram, and MS contin The patient's surgical history include two low back surgeries. A recent urine drug screen report was not specified in the records provided The patient had received ESIs for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Kadian 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids.

**Decision rationale:** Kadian 30mg #60Kadian is an opioid medication which contains extended release morphine. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. The level of pain control with lower potency opioids like tramadol and other non opioid medications, without the use of Kadian, was not specified in the records provided MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Recent urine drug screen report is not specified in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided with this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Kadian 30mg #60 is not established for this patient.

### **Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

**Decision rationale:** Norco 10/325mg #120. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do

not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. The level of pain control with lower potency opioids like tramadol and other non opioid medications, without the use of norco, was not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Recent urine drug screen report is not specified in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120 is not established for this patient.

**Colace 100mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex FDA labeled indication for Docusate sodium Constipation care.

**Decision rationale:** Colace 100mg #120 Colace contains Docusate sodium. According to the Thompson Micromedex FDA labeled indication for Colace includes "constipation care." As per records provided patient is taking narcotics, which can cause constipation Therefore, the Colace 100mg #120 is medically necessary and appropriate

**Amitiza 24mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. 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 Treatment Guidelines.

**Decision rationale:** Amitiza 24mg #60 with 5 refills. ODG "TWC-ODG Treatment-Integrated Treatment/Disability Duration GuidelinesPain (updated 06/15/15) Lubiprostone (Amitiza) Opioid-induced constipation treatment. Amitiza is used to treat chronic constipation, or

constipation caused by opioid (narcotic) pain medicine. It may also be used to treat irritable bowel syndrome in women with constipation as the main symptom. MTUS does not specifically address this issue. Hence ODG used. As per cited guideline "Lubiprostone (Amitiza)- Recommended only as a possible second-line treatment for opioid-induced constipation. See Opioid-induced constipation treatment."The patient is taking opioid medication and patient is also taking Colace for constipation. The response of the symptom of constipation to the Colace is not specified in the records provided. The details of the symptom of constipation and a GI exam were not specified in the records provided. The response of the constipation to decreasing the dose or gradual discontinuation of the opioid is not specified in the records provided. The need for a 2nd line treatment/drug like amitiza for the constipation is not fully established in this patient at this time.