

<b>Case Number:</b>	CM15-0074147		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	09/17/2002
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 55 year old female who sustained an industrial injury on 9/17/02. The injured worker has complaints of stabbing left-sided back pain that continues to radiate in her left hip and leg with severe spasms at times in her back with numbness in her leg. The diagnoses have included low back pain with left radicular symptoms and lumbar degenerative joint disease. Treatment to date has included home exercise program, physical therapy, oxycontin, norco, soma for muscle spasms, neurontin for neuropathic component of pain, amitiza for constipation from narcotic use and colace and senokot for constipation from narcotic use. Reports from August 2014 to March 2015 reflect ongoing pain; it was noted that the injured worker reported 50% functional improvement with activities of daily living with medications. Oxycontin, Norco, Soma, Neurontin, amitiza, Colace, and senokot have been prescribed since August 2014. On 3/2/15, the injured worker reported continued left sided back pain with radiation to the left hip and leg, with intermittent severe back spasms and numbness in her leg. Pain was rated 9/10, at best 4/10 with medication and 10/10 without medication. It was noted that the injured worker is not working. Examination showed spasm in the lumbar trunk, positive bilateral straight leg raise, loss of sensation in the left lateral calf and bottom of the foot, and absent left Achilles reflex. A narcotics contract was noted and the treating physician documented that urine drug screens have been appropriate. On 3/17/15 Utilization Review non-certified or modified requests for oxycontin 40mg quantity 90; norco 10/325mg quantity 120; soma 350mg quantity 90 and amitiza 24mcg quantity 60, citing the MTUS.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg QTY: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic low back pain with radicular symptoms. Oxycontin and Norco have been prescribed for at least 8 months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed, and it was noted that the injured worker was not working. Urine drug testing was noted to be appropriate, but dates and results of testing were not submitted, and random collections were not documented. An opiate contract was discussed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Although the physician documented that the injured worker reported 50% functional improvement in activities of daily living with medications as a group, there was no documentation of improvement in specific activities of daily living. Office visits have continued at the same approximately monthly frequency, and there was no documentation of decrease in medication use. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; pain severity ratings were unchanged. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Norco 10/325mg QTY: 120.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic low back pain with radicular symptoms. Oxycontin and Norco have been prescribed for at least 8 months. There is insufficient evidence

that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed, and it was noted that the injured worker was not working. Urine drug testing was noted to be appropriate, but dates and results of testing were not submitted, and random collections were not documented. An opiate contract was discussed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Although the physician documented that the injured worker reported 50% functional improvement in activities of daily living with medications as a group, there was no documentation of improvement in specific activities of daily living. Office visits have continued at the same approximately monthly frequency, and there was no documentation of decrease in medication use. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; pain severity ratings were unchanged. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Soma 350mg QTY: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma), muscle relaxants Page(s): 29, 63-66.

**Decision rationale:** This injured worker has chronic back pain and muscle spasms. Soma has been prescribed for at least 8 months. Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for months and the quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is categorically not recommended for chronic pain and has habituating and abuse potential. Due to length of use in excess of the guideline recommendations, and lack of recommendation by the guidelines, the request for soma is not medically necessary.

**Amitiza 24mcg QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy [with opioids] Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: opioid induced constipation treatment.

**Decision rationale:** Amitiza (lubiprostone) is approved by the FDA for treatment of chronic idiopathic constipation in adults, for treatment of opioid-induced constipation with chronic non-cancer pain, and for treatment of irritable bowel syndrome with constipation in adult women. The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Although laxatives are indicated when opioids are prescribed, the opioids are not medically necessary in this case. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary if opioids are not prescribed. As such, the request for Amitiza is not medically necessary.