MAXIMUS Federal Services

Case Number:	CM15-0078467		
Date Assigned:	04/29/2015	Date of Injury:	07/27/2011
Decision Date:	07/02/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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 29 year old male, who sustained an industrial injury on 7/27/2011. Diagnoses have included cervical sprain, right upper extremity radiculopathy, neuritis, chronic pain and secondary depression, right elbow sprain, ulnar neuritis and thoracic outlet syndrome. Treatment to date has included cervical disc arthroplasty, physical therapy and medication. According to the progress report dated 3/12/2015, the injured worker was seen for follow up on his multiple injuries including upper back and neck condition and right upper extremity weakness. He was three and one half months post-op. His pain ranged from 4-10/10. He reported analgesia 4/10 with medications. He reported some constipation with his medications. Physical exam revealed tender, right upper back, neck with healed surgical scar at the front of his neck. There was tenderness at the right medial elbow and numbness in the right fourth and fifth fingers. Authorization was requested for Fibercon, Oxycontin, Percocet and Miralax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fibercon 625 MG 2 Tab By Mouth Every Day #30 with 3 Refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DailyMed, at http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfmsetid=80e507f2-d9bd-bc7b-2249-f5bfc8ac1845.

Decision rationale: The 29 year old patient presents with back and neck pain, rated at 4/10, along with right upper extremity weakness, as per progress report dated 03/12/15. The request is for Fibercon 625mg 2 Tab by Mouth Every Day #30 With 3 Refills. There is no RFA for this case, and the patient's date of injury is 07/27/11. Diagnoses, as per progress report dated 03/12/15, included cervical sprain, right upper extremity radiculopathy, neuritis, chronic pain, secondary depression, right elbow sprain, ulnar neuritis, and thoracic outlet syndrome. The patient is status post cervical disc arthroplasty on 11/21/14. Medications include Lyrica, Trazodone, Pristiq, Ondansetron, Metoprolol, Lisinopril, Colace, Clonidine, Alprazolam, Oxycontin, Miralax, Fibercon, and Percocet. The patient is off work, as per the same progress report.MTUS, ACOEM and ODG guidelines do not discuss Fibercon. DailyMed, at http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfmsetid=80e507f2-d9bd-bc7b-2249-f5bfc8ac1845, states that Fibercon, relieves occasional constipation to help restore and maintain regularity and this product generally produces bowel movement in 12 to 72 hours. In this case, a prescription for Fibercon is first noted in progress report dated 11/25/14. The patient is also taking other constipation medications including Miralax. In progress report dated 02/26/15, the treater states that the patient's constipation is managed with medications. The treater, however, does not discuss the use other simple treatments such as exercise and diet. Additionally, DailyMed recommends the use of this medication for occasional constipation. Hence, everyday use of Fibercon is not medically necessary.

Oxycontin 10 MG Take 1 By Mouth BID #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids page(s): 76-78, 88-89.

Decision rationale: The 29 year old patient presents with back and neck pain, rated at 4/10, along with right upper extremity weakness, as per progress report dated 03/12/15. The request is for Fibercon 625mg 2 Tab by Mouth Every Day #30 With 3 Refills. There is no RFA for this case, and the patient's date of injury is 07/27/11. Diagnoses, as per progress report dated 03/12/15, included cervical sprain, right upper extremity radiculopathy, neuritis, chronic pain, secondary depression, right elbow sprain, ulnar neuritis, and thoracic outlet syndrome. The patient is status post cervical disc arthroplasty on 11/21/14. Medications include Lyrica, Trazodone, Pristiq, Ondansetron, Metoprolol, Lisinopril, Colace, Clonidine, Alprazolam, Oxycontin, Miralax, Fibercon, and Percocet. The patient is off work, as per the same progress report. MTUS Guidelines 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 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. In this case, a prescription for Oxycontin is first noted in progress report dated 11/25/14, and the patient has been taking the medication consistently at least since then. In progress report dated 03/12/15, the treater states that the patient has signed contracts and urine drug screen is consistent. As per progress report dated 04/23/15, after the UR date, there is no evidence of abuse diversion adverse reactions. With medication he gets analgesia combined 50% improved activities of daily living 50%. Without it he would be reclusive and have trouble getting dressed. There are no other documentation of specific ADL's and how chronic opiates are improving the patient's function. Generic statements that function is improved 50% are inadequate documentations. No validated instruments are used and inadequate documentation regarding ADL's significant improvements are noted. No CURES report is available for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior, for continued use. Hence, the request is not medically necessary.

Percocet 10/325 MG 1 Every 6 Hours As Needed #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids page(s): 76-78, 88-89.

Decision rationale: The 29 year old patient presents with back and neck pain, rated at 4/10, along with right upper extremity weakness, as per progress report dated 03/12/15. The request is for Percocet 10/325mg 1 Every 6 Hours as Needed #60. There is no RFA for this case, and the patient's date of injury is 07/27/11. Diagnoses, as per progress report dated 03/12/15, included cervical sprain, right upper extremity radiculopathy, neuritis, chronic pain, secondary depression, right elbow sprain, ulnar neuritis, and thoracic outlet syndrome. The patient is status post cervical disc arthroplasty on 11/21/14. Medications include Lyrica, Trazodone, Pristiq, Ondansetron, Metoprolol, Lisinopril, Colace, Clonidine, Alprazolam, Oxycontin, Miralax, Fibercon, and Percocet. The patient is off work, as per the same progress report. MTUS Guidelines 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 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. In this case, a prescription for Percocet is first noted in progress report dated 11/25/14, and the patient has been taking the medication consistently at least since then. In progress report dated 03/12/15, the treater states that the patient has signed contracts and urine drug screen is consistent. As per progress report dated 04/23/15, after the UR date, there is No evidence of abuse diversion adverse reactions. With medication he gets analgesia combined 50% improved activities of daily living 50%. Without it he would be reclusive and have trouble getting dressed. There are no other documentation of specific ADL's and how chronic opiates are improving the patient's function. Generic statements that function is improved 50% are

inadequate documentations. No validated instruments are used and inadequate documentation regarding ADL's significant improvements are noted. No CURES report is available for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior, for continued use. Hence, the request is not medically necessary.

Miralax #1 Use 1 Packet in The AM with 2 Refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Pain (Chronic)' and topic 'Opioid-induced constipation treatment'.

Decision rationale: The 29 year old patient presents with back and neck pain, rated at 4/10, along with right upper extremity weakness, as per progress report dated 03/12/15. The request is for Miralax #1 Use 1 Packet in the AM with 2 Refills. There is no RFA for this case, and the patient's date of injury is 07/27/11. Diagnoses, as per progress report dated 03/12/15, included cervical sprain, right upper extremity radiculopathy, neuritis, chronic pain, secondary depression, right elbow sprain, ulnar neuritis, and thoracic outlet syndrome. The patient is status post cervical disc arthroplasty on 11/21/14. Medications include Lyrica, Trazodone, Pristiq, Ondansetron, Metoprolol, Lisinopril, Colace, Clonidine, Alprazolam, Oxycontin, Miralax, Fibercon, and Percocet. The patient is off work, as per the same progress report. ODG Guidelines, chapter 'Pain (Chronic)' and topic 'Opioid-induced constipation treatment', state the following about laxatives such as Miralax first-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, 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. In this case, a prescription for Miralax is only noted in progress report dated 03/12/15. In the report, the treater states that the patient is also taking other constipation medications including Fibercon. In progress report dated 02/26/15, the treater states that the patient's AAA and constipation are managed and appropriate. The treater does not discuss the use of other simple treatments such as exercise and diet. However, ODG guidelines allow for over-the-counter laxatives as part of first-line therapy and prophylaxis during opioid use. Hence, this request is medically necessary.