

<b>Case Number:</b>	CM15-0091703		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	09/17/2002
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Arizona, 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 (IW) is a 56 year old female who sustained an industrial injury on 09/17/2002. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having lumbar degenerative joint disease. Treatment to date has included medications and physical therapy with a home exercise program and a left knee arthroscopy non-industrially. Currently, the injured worker complains of stabbing left-sided back pain radiating down the left leg with severe cramps and numbness. She rates her pain as an 8/10 at best, a 4/10 with medications and a 10/10 without them. There is a reported 50% reduction in pain and 50% improvement in function with the medications. She recently underwent a left knee arthroscopy non-industrially and has been having complications of worsening knee pain, difficulty walking. Her back exam reveals palpable spasm in the lumbar trunk. There is a decrease in range of motion in all planes. Her straight leg raise cause left sided back pain that radiates into the left buttock and posterior thigh. There is sensory loss to light touch and pinprick in the left lateral calf and bottom of the foot. Her left knee exam reveals a very swollen left knee with full active range of motion and a laxity with valgus maneuver, and crepitus on passive of flexion to extension. Current medications include OxyContin, Norco, Neurontin, Amitiza, Soma, Colace and Senokot. The worker has a narcotic contract, shows no signs of abuse, and urine drug screens have been appropriate. The plan of treatment includes refills of her medications. A request for authorization is made for the following: 1. Oxycontin 40mg #90, 2. Senokot #120, 3. Neurontin 800mg #120, 4. Colace 250mg #60, 5. Amitiza 24mcg #60, 6. Norco 10/325mg #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, Oxycontin is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin for several months in combination with Norco, and Soma. There was no mention of weaning attempt or Tricyclic failure. The claimant was on 3 medications for managing opioid related constipation prophylaxis. The continued use of Oxycontin is not medically necessary.

**Amitiza 24mcg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the guidelines, Amitiza is indicated for opioid induced constipation. According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months along with 2 stool softeners and Amitiza. As noted above, the opioids are not medically necessary. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of 3 medications for constipation indicated non-optimal combination of medications and side-effect risks. The continued use of Amitiza is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back

pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with Oxycontin. There was no mention of weaning failure, Tylenol use or Tricyclic intervention. The continued and chronic use of Norco is not medically necessary.