

Case Number:	CM14-0111959		
Date Assigned:	08/01/2014	Date of Injury:	01/14/2008
Decision Date:	09/15/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/17/2014

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: Massachusetts

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 59 year old female, who sustained an industrial injury on 1-14-2008. Diagnoses have included right wrist pain and lumbar post-laminectomy syndrome. Treatment to date has included surgery, physical therapy and medication. According to the progress report dated 3-27-2014, the injured worker complained of low back pain which radiated into her left lower extremity. She complained of increased right thumb, wrist and forearm pain with numbness. She reported left wrist pain after falling on her left hand since the last visit. She reported that with her current medications she was able to do light housekeeping and simple cooking. She was noted to be seeing an internist for her constipation. The injured worker had an antalgic gait; she walked with a cane. There was pain to palpation at the lumbosacral junction. There was moderate tenderness of the right wrist and pain with flexion and extension. Authorization was requested for Hydrocodone-APAP, Morphine and Lubiprostone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetaminophen 10/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a history of a work injury occurring in January 2008 and continues to be treated for right upper extremity and radiating low back pain. Medications are referenced as allowing the claimant to perform activities such as cooking and housecleaning and as providing at least 50% pain relief. When seen, she was having left wrist pain after having fallen. She had been seen in an Emergency Room and was wearing a left wrist brace. She was having constipation and was also being seen by her internist. There had been a normal colonoscopy. Physical examination findings included ambulating with a cane. There was an antalgic gait. There was decreased and painful lumbar spine range of motion. Straight leg raising was positive bilaterally. There was moderate right wrist tenderness and pain with range of motion. There was decreased and painful right shoulder range of motion. The left patellar reflex was decreased. The assessment references a diagnosis of opioid induced constipation and current treatments including stool softeners, laxatives, and maintaining appropriate hydration and a proper diet. Being requested is authorization for MS Contin and hydrocodone/acetaminophen at a total MED (morphine equivalent dose) at an average of 135 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being requested is now more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Prescribing at this dose was not medically necessary. (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Guidelines recommend treatment due to opioid-induced constipation, which is a common adverse effect of long-term opioid use and can be severe. In this case, the claimant has constipation due to opioids and other treatments have been extensive and only partially effective. Amitiza (Lubiprostone) was medically necessary. Pain (Chronic), Opioid-induced constipation treatment.

Morphine 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a history of a work injury occurring in January 2008 and continues to be treated for right upper extremity and radiating low back pain. Medications are referenced as allowing the claimant to perform activities such as cooking and housecleaning and as providing at least 50% pain relief. When seen, she was having left wrist pain after having fallen. She had been seen in an Emergency Room and was wearing a left wrist brace. She was having constipation and was also being seen by her internist. There had been a normal colonoscopy. Physical examination findings included ambulating with a cane. There was an antalgic gait. There was decreased and painful lumbar spine range of motion. Straight leg raising was positive bilaterally. There was moderate right wrist tenderness and pain with range of motion. There was decreased and painful right shoulder range of motion. The left patellar reflex

was decreased. The assessment references a diagnosis of opioid induced constipation and current treatments including stool softeners, laxatives, and maintaining appropriate hydration and a proper diet. Being requested is authorization for MS Contin and hydrocodone/acetaminophen at a total MED (morphine equivalent dose) at an average of 135 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being requested is now more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Prescribing at this dose was not medically necessary.

Lubiprostone 24mcg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Workers' Compensation (TWC), Pain procedure Summary last updated 05/15/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant has a history of a work injury occurring in January 2008 and continues to be treated for right upper extremity and radiating low back pain. Medications are referenced as allowing the claimant to perform activities such as cooking and housecleaning and as providing at least 50% pain relief. When seen, she was having left wrist pain after having fallen. She had been seen in an Emergency Room and was wearing a left wrist brace. She was having constipation and was also being seen by her internist. There had been a normal colonoscopy. Physical examination findings included ambulating with a cane. There was an antalgic gait. There was decreased and painful lumbar spine range of motion. Straight leg raising was positive bilaterally. There was moderate right wrist tenderness and pain with range of motion. There was decreased and painful right shoulder range of motion. The left patellar reflex was decreased. The assessment references a diagnosis of opioid induced constipation and current treatments including stool softeners, laxatives, and maintaining appropriate hydration and a proper diet. Being requested is authorization for MS Contin and hydrocodone/acetaminophen at a total MED (morphine equivalent dose) at an average of 135 mg per day. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. In this case, the claimant has constipation due to opioids and other treatments have been extensive and only partially effective. Amitiza (Lubiprostone) was medically necessary.