

Case Number:	CM13-0010236		
Date Assigned:	04/23/2014	Date of Injury:	11/27/2001
Decision Date:	08/01/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an 82-year-old with a history of arthritis, depression, high blood pressure, hypothyroidism, osteoarthritis, lung problems, ulcers, and constipation; who sustained a work-related injury on November 27, 2001. Subsequently, she developed a lumbar spine and left leg pain. Her scoliosis is causing her to have more problems. The patient's lumbar spine examination dated on February 22, 2013 showed no abnormal curvature of the spine. There was tenderness to palpation over the right lumbar facets, left lumbar facets, right thoracic facets, left thoracic facets, right thoracolumbar spasm, left thoracolumbar spasm, right sacroiliac joint, and right buttock. Skin showed surgical scars. Straight leg raise was positive on the left at 70 degrees. The patient was diagnosed with post laminectomy syndrome, lumbar disc disease, lumbosacral neuritis and neurogenic urinary incontinence. The patient's treatment included: chiropractic, ESI injection, physical therapy, TENS, ice treatment, SCS trial, and medications (MS Contin, Percocet, Lyrica, Pristiq, Lidoderm, Prilosec, Ramipril, Glucotrol, and Naproxen). The duration of use of the medication was increased. However MS Contin and Percocet was using at least since 2013. The provider requested authorization for the following medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of MS Contin 15 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, Criteria for Use of Opioids Page(s): 179.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. The patient was using MS Contin since at least 2013 and she continued to have chronic pain. Therefore, the request for MS Contin 15mg, thirty count, is not medically necessary or appropriate.

Refill of MS Contin 30mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have There is no clear documentation of patient improvement

in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. The patient was using MS Contin since at least 2013 and she continued to have chronic pain. Therefore, the request for MS Contin 30mg, thirty count, is not medically necessary or appropriate.

Refill of Percocet 10/325 mg, 45 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, Criteria for Use of Opioids Page(s): 179.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. The patient have been using opioids for long period of time (at least since 2013) without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. The patient was using Percocet since at least 2013 and she continued to have chronic pain There is no justification for the use of several narcotics. Therefore the prescription of Percocet 10/325mg, 45 count is not medically necessary or appropriate.

A urine drug screen, provided on July 23, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening For Risk Of Addictions Page(s): 90-91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction Page(s): 77-78;94.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, urine toxicology screens is indicated to avoid misuse/addiction. "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The patient underwent several urine drug testings, however there is no documentation of the results of these tests and no indication that the patient is using illicit drugs or non compliant with her medications. Therefore, the request for a urine drug screen, provided on July 23, 2013, is not medically necessary.