

Case Number:	CM13-0019086		
Date Assigned:	03/12/2014	Date of Injury:	06/09/2003
Decision Date:	05/08/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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:

This patient is a 52-year-old male with date of injury of 06/09/2003. Per treating physician's report 07/30/2013, this patient presents with lumbar cervical pain as a primary complaint. Listed diagnoses include: Chronic pain syndrome; Postlaminectomy syndrome, cervical region; Counter therapeutic drug; Encounter long term use of other medications; Other acute reaction to stress; Postlaminectomy syndrome, lumbar region; Thoracolumbosacral radiculitis; Insomnia, myofascial pain syndrome, opiate tolerance, alcohol and/or substance abuse structured screening. The reported pain is at 8/10 with a maximum pain score at 8 and minimum pain score at 8 over the past month. The patient has had spinal cord stimulation trial in thoracic epidural space, cervical spinal cord stimulator and list of lumbar transforaminal epidural steroid injections through year 2012, 2013. The patient's pain is partially relieved by injections, medications, and resting. Listed medications include bupropion, Flexeril, lisinopril, morphine sulfate, Soma. Refills were for Clonazepam, Dilaudid, MS Contin, and Cymbalta. Examination showed cervical extension that produces concordant pain, healed surgical lesion consistent with spinal surgical history, 4/5 left upper extremity strength, healed surgical scar of the lumbar spine, positive straight leg raises at 30 degrees bilaterally. Motor examination 4+/5 proximal muscles and left Achilles tendon reflexes trace compared to right side. Treatment recommendation includes medical pain management. The toxicology from 07/30/2013 was consistent with expected results, prescriptions were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DOC Q LACE 100MG, DOS: 7/12/13: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation VA/DoD clinical practice guideline for the management of opioid therapy for chronic pain. Washington (DC): Veterans Health Administration, Department of Defense; 2003 Mar. various p.

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

Decision rationale: This patient presents with chronic neck and low back pain with multiple surgeries in these areas. The patient has been on chronic opiates and the request is for retrospective review of the Colace 100 mg, date of service 07/12/2013. The MTUS Chronic Pain Guidelines support use of prophylactic medications to counter side effects of constipation from chronic use of opiates. The request is medically necessary and appropriate for this patient.

PROSPECTIVE DOC Q LACE 100MG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation VA/DoD clinical practice guideline for the management of opioid therapy for chronic pain. Washington (DC): Veterans Health Administration, Department of Defense; 2003 Mar. various p.

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

Decision rationale: This patient presents with chronic neck and low back pain with multiple surgeries in these areas. The patient has been on chronic opiates and the request is for retrospective review of the Colace 100 mg. MTUS Chronic Pain Guidelines support the use of prophylactic medications to counter side effects of constipation from chronic use of opiates. The request is medically necessary and appropriate.

RETROSPECTIVE URINE DRUG TEST, DOS: 6/4/13 AND 7/30/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with chronic neck and low back pain with multiple surgeries. There is a request for urine drug screens obtained 06/04/2013 and 07/30/2013. Review of the report from 06/04/2013 states that the point of care urine drug screen was negative for the medication prescribed. The treating physician states that he would wait for a quantitative confirmation study. A subsequent report from 07/30/2013 does not show quantitative studies performed on 06/04/2013. The medical records provided for review does not include

quantitative confirmatory analysis of the urine drug screen from 06/04/2013. However, this was repeated on 07/30/2013 with consistent results. A prior urine drug screen was reported to be consistent from 12/20/2012. The MTUS Chronic Pain Guidelines and the ODG support periodic urine drug screens for chronic pain management. In this case, there is a urine drug screen from 12/20/2012, 06/04/2013, and 07/30/2013. One to two times per year is quite reasonable and consistent with the ODG recommendations. The request is medically necessary and appropriate.

PROSPECTIVE URINE DRUG TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with chronic neck and low back pain. The request was for a prospective urine drug screen test. The MTUS Chronic Pain Guidelines and ODG support periodic urine drug screens to help manage the use of chronic opiates. In this patient, the ongoing use of opiates is not indicated given the lack of documentation regarding pain and function. Given the lack of evidence that the chronic opiate use has been instrumental in improving this patient's pain, and in particular, the patient's function, the chronic use of opiates is being denied. Since the use of opiates is being denied, there is no reason to obtain urine drug screens in the future. The request is not medically necessary and appropriate.

RETROSPECTIVE CLONAZEPAM 0.5MG #90, DOS: 7/12/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: This patient presents with chronic neck and low back pain. There is a request for clonazepam 0.5 mg to be taken 3 times a day. Review of the multiple reports from 03/12/2013 to 08/20/2013 by pain management specialist show that this medication has been prescribed consistently on a monthly basis. There is no rationale or discussion as to why this medication is prescribed and with what results. The MTUS Chronic Pain Guidelines do not support chronic use of benzodiazepines. Only short-term use is recommended. Given the patient's long-term use, the request is not medically necessary and appropriate.

PROSPECTIVE CLONAZEPAM 0.5 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: This patient presents with chronic neck and low back pain. There is a request for clonazepam 0.5 mg to be taken 3 times a day. Review of the multiple reports from 03/12/2013 to 08/20/2013 by pain management specialist show that this medication has been prescribed consistently on a monthly basis. There is no rationale or discussion as to why this medication is prescribed and with what results. The MTUS Chronic Pain Guidelines do not support chronic use of benzodiazepines. Only short-term use is recommended. Given the patient's long-term use, the request is not medically necessary and appropriate.

RETROSPECTIVE DILAUDID 8MG #180, DOS: 7/12/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: Despite review of reports from 03/12/2013 to 08/20/2013, there is not any documentation of pain reduction, or improvement of function with use of Dilaudid. Each of the reports state maximum pain and least pain but it does not document how use of opiates medications have been instrumental in reducing the patient's pain. Each of the reports indicate that the patient's pain is helped by medications but does not explain which medication is helpful and to what degree. MTUS Chronic Pain Guidelines require documentation of 4 A's including analgesia, activities of daily living, adverse effects, and adverse behavior. In this patient, there is no documentation of analgesia associated with use of chronic opiates. Activities of daily living are not mentioned with no evidence that these medications are significantly improving this patient's activities of daily living, return to work. There are no discussions regarding side effects and there are no discussion regarding aberrant behavior. On 06/04/2013, the patient was noted to have negative point-of-care urine drug screen. This was not followed up with a quantitative analysis, for example. MTUS Chronic Pain Guidelines further require documentation using numerical scale to denote pain and function or use of validated instrument. Numerical scale is used but is not used to denote the patient's pain and function as related to use of chronic opiates. The MTUS Chronic Pain Guidelines finally require "outcome measures" including least pain, average pain, time it takes for medication to work, duration of relief with use of medication, et cetera. None of this information is provided in any of the reports. The request is not medically necessary and appropriate.

PROSPECTIVE DILAUDID 8MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: Despite review of reports from 03/12/2013 to 08/20/2013, there is not any documentation of pain reduction, improvement of function with use of Dilaudid. Each of the reports state maximum pain and least pain but it does not document how use of opiates medications has been instrumental in reducing the patient's pain. Each of the reports indicate that the patient's pain is helped by medications but does not explain which medication is helpful and to what degree. The MTUS Chronic Pain Guidelines require documentation of 4 A's including analgesia, activities of daily living, adverse effects, and adverse behavior. In this patient, there is no documentation of analgesia associated with use of chronic opiates. Activities of daily living are not mentioned with no evidence that these medications are significantly improving this patient's activities of daily living, return to work. There are no discussions regarding side effects and there are no discussion regarding aberrant behavior. On 06/04/2013, the patient was noted to have negative point-of-care urine drug screen. This was not followed up with a quantitative analysis, for example. The MTUS Chronic Pain Guidelines further require documentation using numerical scale to denote pain and function or use of validated instrument. Numerical scale is used but is not used to denote the patient's pain and function as related to use of chronic opiates. The MTUS Chronic Pain Guidelines finally require "outcome measures" including least pain, average pain, time it takes for medication to work, duration of relief with use of medication, et cetera. None of this information is provided in any of the reports. The request is not medically necessary and appropriate.

RETROSPECTIVE MS CONTIN 60MG #120, DOS: 7/12/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: Despite a review of reports from 03/12/2013 to 08/20/2013, there is not any documentation of pain reduction, improvement of function with use of MS Contin. Each of the reports state maximum pain and least pain but it does not document how use of opiates medications has been instrumental in reducing the patient's pain. Each of the reports indicate that the patient's pain is helped by medications but does not explain which medication is helpful and to what degree. The MTUS Chronic Pain Guidelines require documentation of 4 A's including analgesia, activities of daily living, adverse effects, and adverse behavior. In this patient, there is no documentation of analgesia associated with use of chronic opiates. Activities of daily living are not mentioned with no evidence that these medications are significantly improving this patient's activities of daily living, return to work. There are no discussions regarding side effects and there are no discussion regarding aberrant behavior. On 06/04/2013, the patient was noted to have negative point-of-care urine drug screen. This was not followed up with a quantitative analysis, for example. The MTUS Chronic Pain Guidelines further require documentation using numerical scale to denote pain and function or use of validated instrument. Numerical scale is used but is not used to denote the patient's pain and function as related to use of chronic opiates. The MTUS Chronic Pain Guidelines finally require "outcome measures" including least pain, average pain, time it takes for medication to work, duration of relief with

use of medication, et cetera. None of this information is provided in any of the reports. The request is not medically necessary and appropriate.

PROSPECTIVE MS CONTIN 60 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: Despite a review of reports from 03/12/2013 to 08/20/2013, there is not any documentation of pain reduction, improvement of function with use of MS Contin. Each of the reports state maximum pain and least pain but it does not document how use of opiates medications has been instrumental in reducing the patient's pain. Each of the reports indicate that the patient's pain is helped by medications but does not explain which medication is helpful and to what degree. The MTUS Chronic Pain Guidelines require documentation of 4 A's including analgesia, activities of daily living, adverse effects, and adverse behavior. In this patient, there is no documentation of analgesia associated with use of chronic opiates. Activities of daily living are not mentioned with no evidence that these medications are significantly improving this patient's activities of daily living, return to work. There are no discussions regarding side effects and there are no discussion regarding aberrant behavior. On 06/04/2013, the patient was noted to have negative point-of-care urine drug screen. This was not followed up with a quantitative analysis, for example. The MTUS Chronic Pain Guidelines further require documentation using numerical scale to denote pain and function or use of validated instrument. Numerical scale is used but is not used to denote the patient's pain and function as related to use of chronic opiates. The MTUS Chronic Pain Guidelines finally require "outcome measures" including least pain, average pain, time it takes for medication to work, duration of relief with use of medication, et cetera. None of this information is provided in any of the reports. The request is not medically necessary and appropriate.

RETROSPECTIVE CYMBALTA 60MG #180, DOS: 7/12/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: This patient presents with chronic neck and low back pain. There is a request for Cymbalta. Review of the reports show that the only statement that pertains to use of medication is that "the medications help as well as injections and resting." Multiple reports from 03/12/2013 to 08/20/2013 were reviewed. Cymbalta has been prescribed on a monthly basis. The MTUS Chronic Pain Guidelines support use of Cymbalta for management of neuropathic pain as well as widespread pain condition such as fibromyalgia. This patient presents with widespread pain as well as neuropathic pain. The patient has had multiple

surgeries in the neck and low back. The patient certainly presents with indications for the use of Cymbalta. The request for retrospective Cymbalta is medically necessary and appropriate.

PROSPECTIVE CYMBALTA 60MG #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: Cymbalta has been prescribed on a monthly basis. The MTUS Chronic Pain Guidelines support use of Cymbalta for management of neuropathic pain as well as widespread pain condition such as fibromyalgia. This patient presents with widespread pain as well as neuropathic pain. The patient has had multiple surgeries in the neck and low back. The patient certainly presents with indications for the use of Cymbalta. While use of opiates requires extensive documentation regarding function and pain assessment, for other medications, the MTUS Chronic Pain Guidelines do require documentation of pain and some function. In this case, the long-term use of Cymbalta is indicated, and the treater documents the medication is helpful. The request is medically necessary and appropriate.