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| Case Number: | CM13-0056554 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 06/26/2008 |
| Decision Date: | 05/09/2014 | UR Denial Date: | 10/21/2013 |
| Priority: | Standard | Application Received: | 11/22/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 Physician 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 injured worker is a 44-year-old male who reported an injury on 06/26/2008. The mechanism of injury was not provided. The follow-up pain management consultation and review of medical records dated 10/08/2013 indicated the injured worker had complaints of ongoing and debilitating pain in his lower back. It was noted the injured worker was approximately 6 months post-op following posterior lumbar interbody fusion at L3-4 and L4-5 on 05/14/2013. The injured worker reported that his radicular symptoms in the lower extremities had almost completely resolved. It was noted the injured worker remained on his current oral analgesic medication, which had been beneficial, enabling him to function on a daily basis. It was noted that the physician was slowly cutting back on the injured worker's pain medications by decreasing the MS Contin 30 mg twice daily to 15 mg twice a day. It was noted the injured worker remained on Norco for breakthrough pain, which he took 6 to 8 tablets a day. The injured worker reported that the addition of Soma 350 mg was beneficial in alleviating his spasms across his low back at night, to help him sleep better. It was noted the injured worker relied on Zanaflex during the day. The injured worker requested to discontinue Soma and requested trigger point injections to his lower back. Medications included Norco 10/325 mg 6 to 8 tablets per day, MS Contin 15 mg twice daily as needed, Anaprox DS 550 mg twice daily, Topamax 50 mg twice daily, Prilosec 20 mg twice daily, and Fexmid 7.5 mg 4 tablets a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OPIOIDS, ON-GOING MANAGEMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #240 is non-certified. The California MTUS indicates that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, which include: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. 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. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The records submitted for review indicated the injured worker reported his current oral analgesic medications had been beneficial, enabling the injured worker to function on a daily basis. It was noted the injured worker reported his pain to be at a 7/10 to 8/10. The records submitted for review failed to include documentation of the least reported pain, average pain, and the intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In addition, the records submitted for review failed to provide the injured worker's response to the medication and failed to indicate how long the injured worker had been utilizing Norco 10/325 mg. Furthermore, the request as it was submitted failed to include the frequency; and therefore, necessity cannot be determined. As such, the request for Norco 10/325 mg #240 is not supported. Therefore, the request is non-certified.

MS CONTIN 15MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OPIOIDS, ON-GOING MANAGEMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The request for MS Contin 15 mg #60 is non-certified. The California MTUS indicates that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, which include: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. 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. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The records submitted for review indicated the injured worker reported the current oral analgesic medications had been beneficial, enabling the injured worker to function on a daily basis. It was noted the injured worker reported the pain to be at a 7/10 to 8/10. The records submitted for review failed to include documentation of the least reported pain,

average pain, and the intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In addition, the records submitted for review failed to provide the injured worker's response to the medication and failed to indicate how long the injured worker had been utilizing MS Contin 15 mg. Furthermore, the request as it was submitted failed to include the frequency; and therefore, necessity cannot be determined. As such, the request for MS Contin 15 mg #60 is not supported. Therefore, the request is non-certified.

FEDMID 7.5 MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

Decision rationale: The request for Fedmid 7.5 mg, #120 is non-certified. The California MTUS indicates that muscle relaxants (for pain) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The records submitted for review indicated the injured worker relied on Zanaflex during the day. The records submitted for review failed to include a rationale why the patient was prescribed Zanaflex and Fexmid. Furthermore, the records submitted for review failed to include documentation of the injured worker's response to the medication and how long the injured worker had been utilizing Fexmid. In addition, the request as submitted failed to include the frequency; and therefore, necessity cannot be determined. Furthermore, the request as it was submitted for "Fedmid" 7.5 mg #120 does not correlate with the patient's medication list that included Fexmid 7.5 mg. As such, the request for Fedmid 7.5 mg #120 is not supported. Therefore, the request is non-certified.