

Case Number:	CM14-0106106		
Date Assigned:	07/30/2014	Date of Injury:	11/03/2004
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and 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:

The injured worker is a 36-year-old male who reported an injury on 11/03/2004 due to lifting a piece of metal that he had cut, when he twisted to get a better look at it, he felt acute lower back pain. Diagnosis was low back pain. Past treatment was an epidural steroid injection with no documented improvement, and medications. Diagnostic studies were several MRIs of the lumbar spine. Surgical history was left knee ACL repair and surgical repair of palmar ligament due to a knife wound. The injured worker had a physical examination on 07/14/2014 with complaints of ongoing low back pain. Urine toxicology was submitted. Examination revealed diminished range of motion of the lumbar spine. Straight leg raise tests were positive bilaterally. No motor or sensory changes. There was a normal gait and balance demonstrated. Medications were fentanyl 50 mcg every 3 days, Percocet 10/325 mg 6 a day, Zanaflex 4 mg 4 times a day, Tegaderm patches use over the fentanyl patches, Paxil 20 mg 1 daily. Treatment plan was to continue medications as directed and to have an MRI of the low back. The rationale was the injured worker stated over the past 30 days, his average pain has been about 5/10 or 6/10 to 8/10. With medications the pain score was 4/10. Medications allowed the injured worker to work full time and carry out activities of daily living and be a single parent. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: The request for Percocet 10/325 mg, quantity 180 is non-certified. The California Medical Treatment Utilization Schedule states for the ongoing management of opioid medication documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. 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 medical guidelines have set forth 4 domains that 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 nonadherent) drug related behaviors. These domains have been summarized as the 4A'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 frame work for documentation of the clinical use of these controlled drugs. The guidelines also state that for chronic back pain it appears to be efficacious but limited for short-term pain relief when a patient is taking opioids. The long-term efficacy is unclear, but also appears limited. Failure to respond to a time limited course of opioids has lead to the suggestion of reassessment and consideration of alternative therapy. The document submitted does report any physical therapy, acupuncture, or any type of exercise program for the injured worker. Although the injured worker has reported pain relief from taking this medication, the provider did not indicate a frequency for the medication. The morphine equivalent dosage for the fentanyl was 120 and the Percocet was 60, which exceeds the recommended daily dose of 120 mg. Therefore, the request is non-certified.

Paxil 20 mg, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 14, 15.

Decision rationale: The request for Paxil 20 mg, quantity 30 non-certified. The California Medical Treatment Utilization Schedule states antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. A systematic review indicated that tricyclic antidepressants had demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. This effect appeared to be based on inhibition of norepinephrine reuptake. It was not reported in the documents submitted the efficacy of this

medication. The provider did not indicate a frequency for the medication. Therefore, the request is non-certified.