MAXIMUS Federal Services

Case Number:	CM14-0010279		
Date Assigned:	02/21/2014	Date of Injury:	05/29/1996
Decision Date:	11/20/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 a 54-year-old with a reported date of injury of 05/29/1996. The patient has the diagnoses of lumbosacral spondylosis, lumbar degenerative disc disease, spondylolisthesis, radiculopathy and low back pain.. Per the most recent progress notes provided for review by the primary treating physician dated 12/18/2013, the patient had complaints of chronic low back pain with no change in the pain from previous visit. The average pain is a 6/10. An MRI from 09/19/2012 noted multilevel lumbar degenerative disc disease and facet arthropathy. The physical exam noted no abnormalities. Treatment plan recommendations included home exercise program, pain medications and EMG for the right radiculopathy symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10-325MG, 1 TAB EVERY 4-6 HOURS AS NEEDED #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: Chronic back pain: Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond

to a time limited course of opioids has led to the suggestion of reassement and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. (Martell-Annals, 2007) (Chou, 2007)The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. The most recent progress reports do not indicate the patient has returned to work. There is also no documentation of significant improvement in VAS scores with the pain medication. There is also no documented evidence of improvement in function with the medications. Therefore criteria for the ongoing and continued use of the medication have not been met and the request is not medically necessary and appropriate.

OPANA ER 10MG, 1 TAB EVERY 12 HOURS #60;: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: Chronic back pain: Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassement and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. (Martell-Annals, 2007) (Chou, 2007)The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. The most recent progress reports do not indicate the patient has returned to work. There is also no documentation of significant improvement in VAS scores with the pain medication. There is also no documented evidence of improvement in function with the medications. Therefore criteria for the ongoing and continued use of the medication have not been met and the request is not medically necessary and appropriate.