

Case Number:	CM14-0014294		
Date Assigned:	02/26/2014	Date of Injury:	06/29/1996
Decision Date:	06/27/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/04/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54-year-old female with a date of injury of 06/29/1996. The listed diagnoses per [REDACTED] are: 1. Status post re-implant pump 2. Post-lumbar laminectomy syndrome, fusion broken. 3. Development of arachnoiditis. 4. Needs help with ADLs 12 hours a day. 5. Failed fusion at T11-T12. According to the 10/24/2013 progress report by [REDACTED], the patient is status post pump implant on 06/16/2012, and apparently, her fusion has broken at the superior segment. Pain level is a 6/10 with breakthrough pain. The patient works full-time and works from home in a recumbent position. It was noted the patient is weaning herself down from Percocet and is at currently 5 a day. Physician notes the patient is currently overall doing poorly and in severe pain. She does not drive and cannot sit over 10 minutes, and her daughter aids her in all her ADLs including cooking, cleaning, and grooming. The dates of patient's prior surgeries are not disclosed in the medical file. On 12/05/2013, the patient continued with similar complaints of increase in pain, poor appetite, and poor sleep. Current medication includes Percocet 6 a day, Valium 10 mg, and Elavil 25 h.s. The physician would like to add the prescription Prialt 1.5 to pump for neuropathic pain. Physician also recommends patient continue with Percocet, Valium, Elavil, and morphine. He also recommends a home health and transportation aide 12 hours a day, 7 days a week. Utilization review denied the request on 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADD PRIALT 1.5 TO NEXT PAIN PUMP REFILL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with chronic low back pain. The physician is requesting a new prescription Prialt 1.5 for the "pump for neuropathic/arachnoiditis pain." The MTUS guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. The physician does not provide baseline pain or any functional assessments to necessitate a start of a new opioid. However, in this case the patient has a broken fusion and continues with severe pain. The patient is taking Percocet, Valium, and morphine without much relief. The physician's attempt at trialing a new opioid may be reasonable. Recommendation is for approval.

PERCOCET 5/DAY MAX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61, 80-81, 88-89.

Decision rationale: This patient presents with chronic low back pain. The physician is requesting a refill of Percocet 5/day max. Page 78 of MTUS requires "Pain Assessment" that 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." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. This patient continues with pain despite taking multiple opioids. There is no functional improvement or decrease in pain with the current medication regimen, but the physician is requesting a refill. MTUS requires pain assessment, outcome measures, pain relief and functional improvement for chronic opioid use. Furthermore, the medical file does not provide a Urine Drug Screen as required for continued opiate usage by MTUS. Given the lack of sufficient documentation for chronic opioid use, recommendation is for denial.

VALIUM 10MG #150: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain. The physician recommends patient continue with Valium #150. MTUS guidelines page 24 does not recommend long-term use of benzodiazepines due to unproven efficacy and risk of dependence. Maximum use of 4 weeks is recommended. The medical records indicate the patient has been prescribed Valium since 09/17/2013. MTUS does not recommend long term use of Valium. Recommendation is for denial.

MORPHINE 20MG/ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61, 80-81, 88-89.

Decision rationale: This patient presents with chronic low back pain. The physician is requesting morphine 20 mg/mL at 5.4 mg/day. Page 78 of MTUS requires "Pain Assessment" that 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." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. The medical file indicates the patient has been utilizing morphine since 09/17/2013. The physician reports in this progress reports that patient continues with pain and is unable to do ADLs without assistance. It appears this opiate is not working, but the physician has routinely been requesting refills. Furthermore, the physician does not provide pain assessment, outcomes measure or urine drug screens as required by MTUS. Recommendation is for denial.

HOME HEALTH CARE AND TRANSPORTATION 12 HOURS/DAY 7 DAYS A WEEK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: This patient presents with chronic low back pain. The physician states the patient is unable to function and do her ADLs without her daughter's assistance. Physician is recommending a home healthcare aide, 12 hours a day for 7 days a week. The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound on a part-time or intermittent basis generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing,

dressings, and using the bathroom when this is the only care needed." MTUS do not allow more than 35 hrs/wk for home health care. The current request is for 84 hours/week which exceeds what is recommended by MTUS. The request also lacks a thorough functional evaluation of the patient. Transportation services may be medically appropriate. Recommendation is for denial of the requested home healthcare services.

ELAVIL 25MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-DEPRESSANTS FOR CHRONIC PAIN.

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

Decision rationale: This patient presents with chronic low back pain. The physician is requesting Elavil 20 mg at night for sleep. The MTUS and ACOEM guidelines do not discuss Amitriptyline. Therefore, ODG guidelines were referenced. ODG guidelines has the following regarding Remeron for insomnia, "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." In this case, there is no indication that this patient suffers from depression or any sleeping issues as four progress reports provided for review has no discussion of such. ODG recommends Amitriptyline to treat insomnia with coexisting depression. There is also no discussion as to this medication's efficacy. Recommendation is for denial.