

Case Number:	CM14-0123407		
Date Assigned:	08/08/2014	Date of Injury:	01/29/2007
Decision Date:	09/23/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A note dated 10/11/13 indicates failed back pain syndrome. Pain is persistent and affecting function. The insured reports the medications keep the pain at a manageable level. Treatment includes norco, Neurontin, Prilosec, soma and ultram. Examination notes hypoesthesia and dysethesias along the left posterior thigh and calf and lateral left foot. There was ipsilateral burning pain over the SI joints which radiates to the lateral thighs. The assessment was failed back surgery syndrome with left side radiculopathy. 11/15/13 note indicates persistent pain. Medications help the pain per the insured. Physical findings were reported the same as 10/11/13. 1/29/14 note indicates persistent pain. Medications were reported to help the insured maintain activities of daily living (ADLs).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg, #210 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Longterm Users of Opioids(6- months or more); Norco; Weaning of Medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the

MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids¹) Establish a Treatment Plan. The use of opioids should be part of a treatment plan that is tailored to the patient. Questions to ask prior to starting therapy:(a) Are there reasonable alternatives to treatment, and have these been tried?(b) Is the patient likely to improve? Examples: Was there improvement on opioid treatment in the acute and subacute phases? Were there trials of other treatment, including non- opioid medications?(c) Has the patient received a screen for the risk of addiction? Is there likelihood of abuse or an adverse outcome? Specific questions about current use of alcohol, illegal drugs, other prescription drugs, and over-the counter drugs should be asked. Obtaining a history of personal and/or family substance abuse issues is important. See Substance abuse (tolerance, dependence, addiction). See Opioids, screening for risk of addiction. (Webster, 2008) (Ballyantyne, 2007)(d) Ask about Red Flags indicating that opioids may not be helpful in the chronic phase: (1) Little or no relief with opioid therapy in the acute and subacute phases. (2) The patient has been given a diagnosis in one of the particular diagnostic categories that have not been shown to have good success with opioid therapy: conversion disorder; somatization disorder; pain disorder associated with psychological factors (such as anxiety or depression, or a previous history of substance abuse). Patients may misuse opioids prescribed for pain to obtain relief from depressed feelings, anxiety, insomnia, or discomfoting memories. There are better treatments for this type of pathology. (Sullivan, 2006) (Sullivan, 2005) (Wilsey, 2008) (Savage, 2008)(e) When the patient is requesting opioid medications for their pain and inconsistencies are identified in the history, presentation, behaviors or physical findings, physicians and surgeons who make a clinical decision to withhold opioid medications should document the basis for their decision.2) Steps to Take Before a Therapeutic Trial of Opioids:(a) Attempt to determine if the pain is nociceptive or neuropathic. Also attempt to determine if there are underlying contributing psychological issues. Neuropathic pain may require higher doses of opioids, and opioids are not generally recommended as a first-line therapy for some neuropathic pain.(b) A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics.(c) Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals.(d) Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical

Decision rationale: The medical records report persistent pain with failure of other conservative treatment but does not report opioid mitigation program in effect. Official Disability Guidelines (ODG) supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains 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 "4 A'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 framework for documentation of the clinical use of these

controlled drugs. (Passik, 2000) There is no documentation of aberrant screening or monitoring with such tools as urine drug screen (UDS).

1 prescription of Neurontin 300mg, #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Neurontin (Gabapentin).

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

Decision rationale: The medical records support the presence of neuropathic pain with reported benefit by the medication. Official Disability Guidelines (ODG) supports the use of Gabapentin for neuropathic pain.

1 prescription of Flector patches #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (Non-Steroidal Anti-Inflammatory Drugs); Flector patch (Diclofenac Epolamine). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 112.

Decision rationale: The medical records do not support that the insured has been tried of oral non-steroidal anti-inflammatory drugs (NSAIDs) and failed or demonstrated intolerance. Topical use of non-steroidal anti-inflammatory drugs (NSAIDS) is not supported for spine condition.