

Case Number:	CM14-0158746		
Date Assigned:	10/02/2014	Date of Injury:	07/22/2005
Decision Date:	10/30/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/27/2014

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 Physical Medicine and 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 57 year old male with an injury date of 07/22/04. Per the 08/26/14 progress report by [REDACTED], the patient presents with lower back pain and foot pain. The reports state the patient is retired. Examination reveals tenderness over the ileolumbar area and tenderness on flexion at the waist to knee and on extension. The patient's diagnoses include: Post traumatic stress disorder, Degenerative lumbar/lumbosacral IV disc and Backache unspecified Current medications are listed as Norco, Benicar, Pravastatin, Lovaza, Elavil, Colcrys, and Lorazepam. The utilization review being challenged is dated 09/22/14. The rationale regarding the one month follow up is that requested documentation on the patient's progress and weaning was not received. The rationale regarding the COMM assessment is that the patient's opiate and benzodiazepine medications have been not certified and the assessment would no longer be indicated. Reports from 10/04/05 to 08/26/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month follow up with pain management physician: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127

Decision rationale: The patient presents with lower back and foot pain and post traumatic stress disorder. The treater requests for One month follow up with pain management physician. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The reports provided do not discuss this request. The 03/06/14 treatment reports states the patient has a history of headaches, chronic back pain, insomnia, painful feet, right knee pain, arthritis and Post Traumatic Stress Syndrome. It appears the patient has a long history of chronic pain and saw a pain management specialist, [REDACTED], on 08/26/14, and a request has been made for a return visit in one month. The reports provided indicate the patient's treatment includes long term use of opioids and benzodiazepines and that the patient has been treated by [REDACTED] since at least 04/10/14. On 08/26/14, [REDACTED], states the patient's pain level is better. In this case, chronic pain and medications requiring careful monitoring continue to affect this patient. Recommendation is for authorization.

COMM test for opiate misuse: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Institute of Health COMM
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2955853/>

Decision rationale: The patient presents with lower back and foot pain and post-traumatic stress disorder. The treater requests for Current Opioid Misuse Measure (COMM) test for opiate misuse. According to the National Institute of Health COMM, "is a self-report measure of risk for aberrant medication related behavior among persons with chronic pain who are prescribed opioids for pain. It was developed to complement predictive screeners of opioid misuse potential and improve a clinician's ability to periodically assess a patient's risk for opioid misuse."
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2955853/>In this case, the patient has a history of treatment extending to 2005 and documented opioid use since before 03/06/14. Use of this test seems reasonable. Recommendation is for authorization.

Norco 10/325mg #180 no refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Guidelines states CRITERIA FOR USE OF OPIOIDS MT.

Decision rationale: The patient presents with lower back and foot pain and post traumatic stress disorder. The treater requests for: Norco (an opioid analgesic) 10/325mg #180 no refills. The reports provided show the patient has been using this medication since at least 03/06/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The treater states this medication is for chronic back pain. The 08/26/14 report states the patient's pain level is better and he continues to be active while on his pain medications. The reports provided do not show the use of pain scales or the assessment of pain at every visit. It is stated on 08/26/14 and 05/08/14 that the patient performs all his ADLs and walks daily. Opiate management issues are discussed. The 04/10/14 report mentions discussion with the patient regarding side effects of his medication. Toxicology reports from 07/08/14 and 04/15/14 were provided showing the presence of Hydrocodone. The reports repeatedly discuss the use of urine toxicology reports. In this case, there is sufficient documentation of long term opioid use per MTUS above. Recommendation is for authorization.

Lorazepam 0.5mg #30, no refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines, Mental Illness & Stress Chapter

Decision rationale: The patient presents with lower back and foot pain and post traumatic stress disorder. The treater requests for: Lorazepam (a Benzodiazepine) 0.5mg #30 no refills. Reports provided show the patient has been taking this medication since at least 03/06/14, and the treater states this medication is for the treatment of Post Traumatic Stress Syndrome. MTUS discusses this medication as a treatment for chronic pain. However, MTUS does state, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." Also, "Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." ODG guidelines, Mental Illness & Stress Chapter, Antidepressants for treatment of PTSD Topic, state that antidepressants are recommended for treatment of Post Traumatic Stress Syndrome. ODG also states, "Since PTSD is a chronic disorder, responders to pharmacotherapy may need to continue medication indefinitely; however, it is recommended that maintenance treatment should be periodically reassessed." In this case the treater states the purpose of the medication in the reports provided;

however, he does not state that the patient's PTSD is helped. The treater does state that the patient can perform all his ADLs and walks daily. No discussion or reassessment was provided regarding why this medication is more effective than the antidepressants recommended by ODG above or why this medication is used beyond 4 weeks as recommended by MTUS and ODG. Therefore, recommendation is for denial.