

Case Number:	CM14-0172351		
Date Assigned:	10/23/2014	Date of Injury:	03/28/2005
Decision Date:	11/25/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/17/2014

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 Orthopaedic Surgery and is licensed to practice in Texas. 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 43 year old male with a date of injury on March 28, 2005. The injury occurred while unloading a freezer panel off a flatbed. Past medical history was positive for diabetes, cancer, and hypertension. Past surgical history was positive for 6 back surgeries and right arm amputation for osteosarcoma on August 17, 2013. He was status post anterior interbody fusion from L3 through S1 with L5/S1 disc prosthesis on December 27, 2012, posterolateral arthrodesis and decompression with segmental fixation on February 29, 2012, bilateral sacroiliac joint arthrodesis with screw fixation on December 17, 2012, and removal of segmental instrumentation L3, L4, L5, and S1 on September 16, 2013. He was diagnosed with failed back syndrome. Records documented prior spinal cord stimulator trial with good benefit. The January 14, 2014 pain center report indicated that the injured worker had multiple chronic pain problems with a history of high opiate tolerance with complete detox off of all opiates for more than one month. Pain levels were reported 4/10. Current medications included Lyrica, Xanax, and Testim. Topical medication and Buprenorphine were prescribed for a trial. The April 15, 2014 pain management report indicated that the injured worker had an exacerbation of symptoms to grade 6/10 over the last several weeks. Difficulty with the sacroiliac fusion hardware was noted and possible revision surgery was pending. The injured worker reported difficulty with medication refills. He was prescribed Nucynta and Soma to help deal with his pain until prescription issues could be resolved. He was also taking a small amount of Norco for breakthrough pain. A right sacroiliac joint injection was performed on May 20, 2014 and reported not helpful. The July 1, 2014 pain management report cited complaints of escalating back and hip pain, somewhat intractable. He reported an excellent response to Nucynta but the medication wasn't covered. Pain score was 6/10. Current medications were continued and Oxycontin 40 mg was added to see if this would improve his quality of life. The July 29, 2014

medication management report cited continued grade 6/10 right hip and leg pain and numbness in the right calf with swelling. He was pending a nerve block and surgical follow-up. He had increased his use of pain medication to manage pain. The addition of the injured worker is a 43 year old male with a date of injury on March 28, 2005. The injury occurred while unloading a freezer panel off a flatbed. Past medical history was positive for diabetes, cancer, and hypertension. Past surgical history was positive for 6 back surgeries and right arm amputation for osteosarcoma on August 17, 2013. He was status post anterior interbody fusion from L3 through S1 with L5/S1 disc prosthesis on December 27, 2012, posterolateral arthrodesis and decompression with segmental fixation on February 29, 2012, bilateral sacroiliac joint arthrodesis with screw fixation on December 17, 2012, and removal of segmental instrumentation L3, L4, L5, and S1 on September 16, 2013. He was diagnosed with failed back syndrome. Records documented prior spinal cord stimulator trial with good benefit. The January 14, 2014 pain center report indicated that the injured worker had multiple chronic pain problems with a history of high opiate tolerance with complete detox off of all opiates for more than one month. Pain levels were reported 4/10. Current medications included Lyrica, Xanax, and Testim. Topical medication and Buprenorphine were prescribed for a trial. The April 15, 2014 pain management report indicated that the injured worker an exacerbation of symptoms to grade 6/10 over the last several weeks. Difficulty with the sacroiliac fusion hardware was noted and possible revision surgery was pending. The injured worker reported difficulty with medication refills. He was prescribed Nucynta and Soma to help deal with his pain until prescription issues could be resolved. He was also taking a small amount of Norco for breakthrough pain. A right sacroiliac joint injection was performed on May 20, 2014 and reported not helpful. The July 1, 2014 pain management report cited complaints of escalating back and hip pain, somewhat intractable. He reported an excellent response to Nucynta but the medication wasn't covered. Pain score was 6/10. Current medications were continued and Oxycontin 40 mg three times a day (on prescription) was added to see if this would improve his quality of life. The July 29, 2014 medication management report cited continued grade 6/10 right hip and leg pain and numbness in the right calf with swelling. He was pending a nerve block and surgical follow-up. He had increased his use of pain medication to manage pain. The addition of Oxycontin was helpful in keeping round the clock pain down. His breakthrough medication had not been strong enough and Oxycodone had worked well in the past. Lyrica for neuropathy had provided significant reduction in burning and tingling. Soma and Xanax were taken as needed. Prescriptions were given for Lyrica 200 mg #90, Norco 10/325 mg #240, Oxycodone 30 mg #90, OxyContin 40 mg #90, Soma 350 mg #90 and Xanax 1 mg #90. The 8/26/14 pain management report documented no significant change with continued pain grade 6/10. Current medications were continued. The treatment plan also recommended an implantable intrathecal pain pump with a trial of neuraxial opiates using 1 mg intrathecal dose of Morphine as a test with observation. The 9/19/14 utilization review denied the request for intrathecal medication and associated one day hospital stay as documentation was insufficient to establish medical necessity consistent with guidelines, including psychological clearance. The request for Oxycodone 30 mg #90 was denied as the addition of this medication as the morphine equivalents per day would be substantially exceeded with the addition of this medication with no compelling reason presented to override guidelines. The request for Norco 10/325 mg #240 was partially certified for #180 to allow for weaning as there was no documentation of functional improvement with use of this medication and to reduce the morphine equivalents per day to guideline-recommended levels. The request for OxyContin 40 mg #90 was partially certified for #75 to allow for weaning and adequate documentation

evidencing specific pain and functional benefits, opioid monitoring, and medical necessity of use of this medication rather than more cost-effective alternatives. The request for Soma 350 mg #90 was partially certified for #60 to allow for weaning as there was no compelling reason to support the medical necessity of use in the absence of guideline support. The request for Xanax 1 mg #30 was partially certified to #10 to allow for weaning as there was no compelling reason to support the medical necessity of use in the absence of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of neuraxial opiates: 1mg Intrathecal dose of Morphine, fluoro, IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines implantable drug-delivery systems Page(s): 52-54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of intrathecal drug delivery systems with Morphine as an initial intrathecal drug delivery systems medication when specific criteria are met. Criteria include documentation of failure of 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention or other treatment is not indicated or likely to be effective, and psychological evaluation has been obtained. Guideline criteria have not been met. This injured worker is reportedly pending additional surgical intervention and there is no evidence of a recent psychological evaluation. A 3-month flare-up of symptoms has been documented. Evidence of 6 months of a recent, reasonable and/or comprehensive conservative treatment protocol trial and failure has not been submitted. Therefore, the trial of neuraxial opiates: 1mg Intrathecal dose of Morphine, Fluoro, IV sedation is not medically necessary and appropriate.

One (1) day stay: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines implantable drug-delivery systems Page(s): 52-54.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Hospital Length of Stay (LOS)

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay based on type of surgery, or best practice target length of stay for cases with no complications. For the insertion of an intrathecal pump to administer a trial of neuraxial opiates, recommended median and best practice target is 3 days. Given that the

requested intrathecal trial of Morphine is not supported, this request for a one day hospital stay is not medically necessary.

Oxycodone 30mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that short-acting opioids, such as Oxycodone, are an effective method in controlling chronic pain and often recommended for intermittent or breakthrough pain. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Medical Treatment Utilization Schedule guidelines recommend, in general, that the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. Guideline criteria have not been met. The addition of this medication to the injured worker's current regime exceeds the recommended daily morphine equivalents. Baseline is currently 260 before the addition of this medication. There has been no change noted in pain or function with the controlled release formulation of this medication. Therefore, this request of Oxycodone 30mg, #90 is not medically necessary and appropriate.

Oxycontin 40mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that Oxycontin was a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have not been met for continued use. Since the addition of Oxycontin for round-the clock pain management on July 1, 2014, there has been no objective documentation of a reduction in pain or improvement in

function. The September 19, 2014 utilization review modified the request for OxyContin 40 mg #90 to #75 to allow for weaning and adequate documentation evidencing specific pain and functional benefits and opioid monitoring. There is no compelling reason to support the medical necessity of additional medication at this time. Therefore, this request of Oxycontin 40mg, #90 is not medically necessary and appropriate.

Soma 350mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma), muscle relaxants Page(s): 29 and 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29; 63-64.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not recommend the use of Soma and state that it is not indicated for long term use. In general, guidelines recommend the use of non-sedating muscle relaxants with caution as a second line option for acute exacerbations in injured workers with chronic lower back pain. Guideline criteria have not been met for continued use. This medication has been prescribed since April 15, 2014 with no documentation of specific benefit or evidence of improved function. The September 19, 2014 utilization review modified the request for Soma 350 mg #90 to #60 to allow for weaning. There is no compelling reason to support the medical necessity beyond the medication quantity certified in the absence of objectively documented benefit and guideline support. Therefore, this request of Soma 350mg, #90 is not medically necessary and appropriate.

Norco 10/325mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, (criteria for use, long-term assessment and specific drug list) Page(s): 76-80; 88-89;.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Norco (hydrocodone/acetaminophen) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have not been met for on-going use of Norco in the absence of guideline required documentation. There is no documentation of reduced pain, increased function, or improved quality of life relative to medication use in the progress reports since this medication was reintroduced in April 2014. The September 19, 2014 utilization review modified the request for

Norco 10/325 mg #240 to #180 based on an absence of documented functional improvement and to allow for weaning. There is no compelling reason to support the medical necessity of Norco beyond the amount already approved. Therefore, this request of Norco 10/325mg, #240 is not medically necessary and appropriate.

Xanax 1mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, weaning of Medications Page(s): 24; 124.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines do not recommend the long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependence. Guidelines limit their use to 4 weeks and indicate that they are the treatment of choice in very few conditions. Long-term use may actually increase anxiety. Guidelines state that tapering is required if benzodiazepines are used for greater than 2 weeks. Guideline criteria have not been met. There is no documentation of benefit with the reported as needed use of this medication. The September 19, 2014 utilization review modified the request for Xanax 1 mg #30 to #10. There is no compelling reason to support the on-going use of this medication beyond the amount partially certified and in the absence of guideline support. Therefore, this request of Xanax 1mg, #30 is not medically necessary and appropriate.