

Case Number:	CM14-0172527		
Date Assigned:	10/23/2014	Date of Injury:	05/20/1993
Decision Date:	12/02/2014	UR Denial Date:	09/13/2014
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 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 74 years old male with an injury date on 05/20/1993. Based on the 09/08/2014 progress report provided by [REDACTED], the diagnoses are 1. Displacement of lumbar intervertebral disc without myelopathy 2. Degenerative of lumbar intervertebral disc 3. Lumbar post-laminectomy syndrome 4. Back problem 5. Fibromyositis. According to this report, the patient complains of sharp "bilateral low back pain; which is stable with treatment. Present pain score 5/10; without medication, pain would be 10/10." Walking and weather change would aggravate the condition. Medication and rest helps alleviates the pain. Patient gait is antalgic favoring the left. Physical exam reveals tenderness over the lumbar paraspinal muscles overlying the facet and S1 joints, bilaterally. Trigger points noted over the paraspinal muscles. There are weakness and spasm are in the lower extremity, bilaterally. Stiffness is noted in the lower back. Patient states, "tries to stay active for most of the day." With medication, the patient "paces himself throughout the day and walk for exercise." "Patient to continue HEP." There were no other significant findings noted on this report. The utilization review denied the request on 09/13/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/18/2014 to 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications, Criteria for use of Opioids Page(s): 60,61 88, 89 76-78.

Decision rationale: According to the 09/08/2014 report by [REDACTED], this patient presents with "bilateral low back pain; which is stable with treatment. Present pain score 5/10; without medication, pain would be 10/10." "Patient continues to take MS Contin 60mg TID for pain. This decreases his pain by half and allows him to maintain his current level of function which includes taking care of his ill wife, taking care of his property, and basic ADLs such as getting out of bed in the morning." The treater is requesting MS Contin 60mg #90; do not fill until 10/06/2014. MS Contin was first mentioned in the 03/18/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 aberrant 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. Review of reports shows documentation of specific ADL changes with use of medication, along with documentation of pain assessment using a numerical scale describing the patient's pain. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There is no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

MS Contin 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications, Criteria for use of Opioids Page(s): 60,61 88, 89 76-78.

Decision rationale: According to the 09/08/2014 report by [REDACTED], this patient presents with "bilateral low back pain; which is stable with treatment. Present pain score 5/10; without medication, pain would be 10/10." "Patient continues to take MS Contin 60mg TID for pain. This decreases his pain by half and allows him to maintain his current level of function which includes taking care of his ill wife, taking care of his property, and basic ADLs such as getting out of bed in the morning." The treater is requesting MS Contin 60mg #90; do not fill until 11/03/2014. MS Contin was first mentioned in the 03/18/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 aberrant

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. Review of reports shows documentation of specific ADL changes with use of medication, along with documentation of pain assessment using a numerical scale describing the patient's pain. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There is no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Clonazepam 0.5mg #60 with 2 refills: 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: According to the 09/08/2014 report by [REDACTED], this patient presents with "bilateral low back pain; which is stable with treatment. Present pain score 5/10; without medication, pain would be 10/10." The treater is requesting Clonazepam 0.5mg #60 with 2 refills. Clonazepam was first mentioned in the 03/18/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines page 24 state "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of reports show the patient has been prescribed Clonazepam since 03/18/14 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication and recommendation is for denial.

Colace 250mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: According to the 09/08/2014 report by [REDACTED], this patient presents with "bilateral low back pain; which is stable with treatment." Present pain score 5/10; without medication, pain would be 10/10." The treater is requesting Colace 250mg #120 with 2 refills. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. In this case, treater is requesting constipation medication in anticipation

of side effects to opioid therapy, which is reasonable, and within MTUS guidelines. Recommendation is for authorization.

Famotidine 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Katz PO, Gerson LB, Vela MF, Guidelines, Gastroesophageal Reflux Disease

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: According to the 09/08/2014 report by [REDACTED], this patient presents with "bilateral low back pain; which is stable with treatment. Present pain score 5/10; without medication, pain would be 10/10." Patient's current medications are MS Contin, DSS, and Famotidine. The treater is requesting Famotidine 20mg #60 with 2 refills. Famotidine was first mentioned in the 03/18/14 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Famotidine is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of report does not show that the patient has gastrointestinal side effects with medication use. Patient is currently not on NSAID. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Recommendation is for denial.