

Case Number:	CM14-0183373		
Date Assigned:	11/10/2014	Date of Injury:	09/30/1999
Decision Date:	12/18/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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:

The patient is a 52 year old male who was injured on 9/30/1999. The diagnoses are status post cervical spine fusion, neck pain, cervicalgia, post laminectomy lumbar spine and low back pain. There was associated diagnosis of depression. The MRI of the cervical spine showed surgical changes with fusion and screws at C4 to C7. The lumbar spine showed mild spinal stenosis and interbody fusion at L4-5 and L5-S1. On 8/15/2014, [REDACTED] noted that the patient was doing fine after a second lumbar epidural steroid injection but there was no change in the objective findings or range of motion, medications utilization or improvement in physical activity. On 4/18/2014, [REDACTED] noted that [REDACTED] had recommended that the MS Contin be discontinued and changed to Kadian to minimize frequent ER visits. The Kadian was changed to Opana 1 week later because of worsening constipation and interaction with MS Contin. The objective findings were mild tenderness in the back and limited range of motion to the spine. The patient was given Toradol injections at the Office Visits. The UDS on 6/13/2014 was negative for prescribed opiates. On 10/3/2014, the patient was prescribed OxyContin, Percocet and Lyrica for pain. A Utilization Review determination was rendered on 10/9/2014 recommended non certification for MS Contin 30mg #45, Lyrica 100mg 90, cervical epidural injection and modified certification for Opana ER 15mg to 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 15 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for exacerbations of severe musculoskeletal pain when standard treatment with NSAID, PT and surgical options have been completed. The chronic use of high dose opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction, sedation and adverse interactions with other sedatives. The guidelines require the documentation of UDS, Pain Contract, Pill Counts, compliance monitoring measures, absence of aberrant behaviors and adverse medication effects. The records indicate objective findings of mild tenderness over the affected spine. There is no documentation on quantitative or qualitative evaluation of the pain. There was no report of functional restoration related to the use of the opioids. The UDS was negative for prescribed opioids. There is significant persistent constipation with the use of opioids. There is history of frequent visits to the emergency rooms for opioid injections as well as Toradol injections in the clinics indicating non effective pain control. There is significant history of depression associated with the chronic pain. The patient was recently started on OxyContin. It is unclear if the patient is still utilizing Opana or MS Contin. The guidelines recommend that patients on high dose opioids with psychosomatic symptoms be referred to Pain Program or Addiction centers for safe weaning. The criteria for the use of Opana 15 ER 15 mg has not been met and is therefore, not medically necessary.

MS contin 30 mg, 45 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for exacerbations of severe musculoskeletal pain when standard treatment with NSAID, PT and surgical options have been completed. The chronic use of high dose opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction, sedation and adverse interactions with other sedatives. The guidelines require the documentation of UDS, Pain Contract, Pill Counts, compliance monitoring measures, absence of aberrant behaviors and adverse medication effects. The records indicate objective findings of mild tenderness over the affected spine. There is no documentation on quantitative or qualitative evaluation of the pain. There was no report of functional restoration related to the use of the opioids. The UDS was negative for prescribed opioids. There is significant persistent constipation with the use of opioids. There is history of frequent visits to the emergency rooms for opioid injections as well as Toradol injections in the clinics indicating non effective pain control. There is significant

history of depression associated with the chronic pain. The patient was recently started on OxyContin. It is unclear if the patient is still utilizing Opana or MS Contin. The guidelines recommend that patient on high dose opioids with psychosomatic symptoms be referred to Pain Program or Addiction centers for safe weaning. The criteria for the use of MS Contin 30mg #45 has not been met and is therefore, not medically necessary.

Lyrica 100 mg, ninety count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic pain. Anticonvulsants can also be effective for the management of chronic pain syndromes associated with psychosomatic symptoms. The records indicate that the patient had completed cervical and lumbar fusion surgeries. The patient had utilized Lyrica for maintenance treatment of the failed back syndrome with beneficial effects. There were no reported adverse effects. The criteria for the use of Lyrica 100mg #90 has been met and is therefore, medically necessary.

One cervical epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that cervical epidural steroid injections can be utilized for the treatment of cervical radiculopathy when conservative treatment with medications and PT have failed. The documented subjective, objective and radiological reports did not show findings consistent with cervical radiculopathy or neurological deficits. The clinical examination showed mild pain tenderness. The severity of the pain score and functional limitation did not indicate that the medications management had failed. There was lack of functional improvement or reduction in medication utilization following 2 lumbar epidural steroid injections. The criteria for cervical epidural steroid injection has not been met and it is therefore, not medically necessary.