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| Case Number: | CM14-0041355 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 09/07/2005 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 04/01/2014 |
| Priority: | Standard | Application Received: | 04/07/2014 |

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old male with a reported date of injury of 09/07/2005. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include postlaminectomy syndrome of the lumbar region, chronic pain syndrome, muscle pain, lumbar degenerative disc disease, lumbar radiculopathy, and low back pain. His previous treatments were noted to include surgery, medications, ice, and physical therapy. The progress note dated 02/18/2014 revealed the injured worker complained of low back pain that radiated to his buttocks rated 8/10 to 10/10. The pain was worse with bending, lifting, and walking. The injured worker described his pain was worse since his last appointment. The physical examination of the lumbar spine revealed intact sensation and decreased sensation over the left leg laterally. There was tenderness noted over the paraspinal musculature and increased pain with flexion and extension. A decreased range of motion was noted due to severe pain and the straight leg raise elicits low back pain bilaterally. The injured worker revealed he was able to take better care of his son and spend more time with him and perform activities of daily living with the opioids. The provider reported no significant side effects with the medications and no aberrant behavior. The provider reported an opioid risk screening was done and the injured worker scored a 1 which put him at low risk for opioid abuse. His medication regimen was noted to include OxyContin 30 mg 1 every 8 hours, Prilosec 20 mg 1 every day to twice a day, Norco 10/325 mg max of 6 tablets per day, Neurontin 800 mg 1 three times a day, Lunesta 3 mg 1 by mouth at bedtime, Cymbalta 60 mg 1 daily, Colace 100 mg 1 twice a day, Soma 350 mg 1 twice a day. The progress note dated 03/18/2014 complained of low back pain that radiated down his left leg. He was having increased low back pain due to the decrease in the OxyContin from 60 mg to 30 mg 1 every 8 hours since he was paying for it out of pocket. He was given a

60 mg intramuscular injection of Toradol which was tolerated well with no complications. A urine toxicology screening was performed to see if he was taking his opiate medications appropriately and not taking any illicit substances. The request for authorization form was not submitted within the medical records. The request was for 1 prescription of hydrocodone/acetaminophen (Norco) 10/325 mg #180, 1 Toradol injection 60 mg intramuscular, and 1 urine drug screen; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrocodone/Acetaminophen (Norco) 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-management Page(s): page 78.

Decision rationale: The injured worker has been utilizing this medication since at least 2012. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4a's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is a lack of documentation regarding evidence of significant pain relief on a numerical scale with medications. The injured worker indicated with opioid use he was able to take better care of his son and perform increased activities of daily living. The injured worker denied side effects with the medications and the provider reported there was no aberrant behavior. A urine drug screen prior to 03/2014 was performed 12/23/2013 and both were consistent with therapy. Therefore, despite evidence of lack of side effects, improved functional status, and consistent urine drug screens, there was a lack of documentation regarding evidence of significant pain relief on a numerical scale with utilization of opioids. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

1 Toradol injection 60 mg IM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Ketorolac Page(s): page 67; page 72.

Decision rationale: The injured worker received the Toradol injection due to increased pain due a decrease in OxyContin. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDS at the lowest dose for the shortest period in patients with moderate to

severe pain in regards to osteoarthritis. The guidelines recommend NSAIDS as a second line treatment after acetaminophen for acute exacerbations for chronic pain. The guidelines recommend NSAIDS as an option for short-term symptomatic relief for chronic low back pain. The guidelines state Toradol is not indicated for minor or chronic painful conditions. The injured worker has severe chronic pain which the guidelines do not recommend Toradol for utilization. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

1 urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy , Steps to avoid misuse and abuse Page(s): page 77; page 94.

Decision rationale: The injured worker had a urine drug screen 03/18/2014 and 12/23/2013. The California Chronic Pain Medical Treatment Guidelines recommend the use of a urine drug screen to assess for the use or presence of illegal drugs when initiating opioid therapy. The guidelines state to utilize a frequent random urine toxicology screen for those at high risk of opioid abuse. There is a lack of documentation regarding the injured worker at high risk for opioid abuse and the guidelines recommend yearly urine drug screenings for those at low risk. Therefore, the request is not medically necessary.