MAXIMUS Federal Services

Case Number:	CM14-0043705		
Date Assigned:	07/02/2014	Date of Injury:	05/07/1998
Decision Date:	08/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/10/2014

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 and is licensed to practice in Illinois. 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 68-year-old male who reported an injury on 05/07/1998. The mechanism of injury was noted as continuous trauma involving the right shoulder and bilateral carpal tunnel compression of the median nerve. The injured worker's diagnoses included cervical spondylosis, opiate type dependence, degenerative lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, lumbalgia, brachial neuritis, unspecified thoracic or lumbosacral neuritis or radiculitis, degeneration of cervical intervertebral disc, degeneration of thoracic or thoracolumbar intervertebral disc, post laminectomy syndrome, cervical region, failed back surgery syndrome cervical, degenerative disc disease cervical and lumbar spine, status post laminotomy, spinal cord stimulator implant, and comorbid conditions of coronary artery disease, status post valve replacement, and chronic anticoagulation. Previous treatments included right L4 and bilateral L5 medial blocks on 03/16/2012, radiofrequency ablation at L5 on 06/26/2012, right L4 and L5 radiofrequency ablation on 10/04/2012, replacement of the generator of the previously implanted spinal cord stimulator on 03/21/2013, and cervical epidural steroid injection on 08/02/2012. Diagnostic studies included computerized tomography (CT) of the head on 08/16/1994, magnetic resonance imaging (MRI) cervical spine on 08/17/1998, chest x-ray on 05/09/1999, MRI cervical spine on 08/28/2003, MRI cervical spine 11/05/2010, electromyography (EMG)/ nerve conduction study (NCS) on 11/16/2001, EMG/NCS on 10/23/2003, EMG/NCV on 08/21/2000, MRI thoracic spine 10/19/2010, MRI lumbar spine on 08/17/1998, MRI lumbar spine 08/09/2001, MRI lumbar spine 10/29/2002, and MRI lumbar spine on 10/19/2010. Surgical history included microscopic anterior cervical discectomy and fusion at C5-6 with iliac crest bone grafting and plating, and decompression of uncovertebral joints bilaterally on 05/06/1999, right carpal tunnel release on 12/10/2001, left carpal tunnel release on 0715/2002, laminotomy T10-11, spinal cord stimulator implantation, and implant

placement of internal pulse generator (IPG) on 06/07/2011. It was noted on clinical note dated 02/14/2014 the injured worker reported the pain level as 8/10 to 10/10 without medications and 5/10 to 8/10 with medications. The injured worker reported the pain as throbbing, burning, and aching, constant and intermittent. The injured worker reported the pain was increased by walking and standing, and decreased when laying down. The injured worker also complained of neck and lumbar pain. The objective findings noted the injured worker was positive for dizziness, shortness of breath and fatigue. The injured worker was noted positive for constipation and irritable bowel, neck and lumbar pain, and insomnia. There was positive tenderness to palpation over the lumbar paraspinous area. The injured worker ambulated independently. The injured worker's medications include Topomax 15mg daily, Opana ER 15mg twice a day, Opana ER 40mg every 12 hours, and lactulose solution 10grams daily. The provider requested Opana ER 40mg #60 and Opana ER 15mg #120, Topomax 50mg #30 and a urine drug screen (UDS) and alcohol test. The rationale for the requested treatment plan was not provided in the medical records submitted for review. The Request for Authorization form dated 02/14/2014 was included within the medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg #60 dispensed on 2/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The injured worker has a history of chronic neck and back pain, and to have chronic use of opiates for therapy. The California MTUS Guidelines state for ongoing management of chronic pain patients on opioid therapy, the guidelines require an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. The guidelines state the four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation provided noted the injured worker was to be weaned off Opana dating back to 09/2013. However, the documentation submitted failed to indicate continuous weaning to progress. The documentation provided also failed to indicate if the injured worker has experienced any adverse side effects through continued uses of opiates. There is a lack of documentation to indicate significant functional deficits to warrant continuing use of opiates. There is a lack of documentation to indicate significant improved functional capacity through ongoing use of opiates. There is a lack of documentation to indicate continuous random urine drug screens performed to rule out any aberrant drug related behaviors. The provider did not list

the frequency of the medication to be taken in the requested treatment plan. As such, the request for Opana ER 40mg #60 dispensed on 2/14/2014 is not medically necessary and appropriate.

Opana ER 15mg #120 dispensed on 2/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The injured worker has a history of chronic neck and back pain, and to have chronic use of opiates for therapy. The California MTUS Guidelines state for ongoing management of chronic pain patients on opioid therapy, the guidelines require an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. The guidelines state the four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation provided noted the injured worker was to be weaned off Opana dating back to 09/2013. However, the documentation submitted failed to indicate continuous weaning to progress. The documentation provided also failed to indicate if the injured worker has experienced any adverse side effects through continued uses of opiates. There is a lack of documentation to indicate significant functional deficits to warrant continuing use of opiates. There is a lack of documentation to indicate significant improved functional capacity through ongoing use of opiates. There is a lack of documentation to indicate continuous random urine drug screens performed to rule out any aberrant drug related behaviors. The provider did not list the frequency of the medication to be taken in the requested treatment plan. As such, the request for Opana ER 15mg #120 dispensed on 2/14/2014 is not medically necessary and appropriate.

Topomax 50mg #30 dispensed on 2/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) Page(s): 16-21.

Decision rationale: The injured worker has a history of chronic neck and back pain, and to have chronic use of opiates for therapy. The California MTUS Guidelines state antiepilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage. The Guidelines state that Topiramate (Topamax) has been shown to have variable efficacy, with failure to

demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. The documentation provided notated the patient is on continued use of opiates and antiepileptic to include Topiramate (Topomax). However, there is a lack of documentation to indicate failure of previous anticonvulsants. There is a lack of documentation to indicate significant pain relief or improved functional capacity with the continued use of Topomax. There is a lack of documentation to indicate significant functional deficit to warrant the continued use of Topomax. There is also a lack of documentation to indicate the medication was prescribed as an adjunct treatment for obesity. As such, the request for Topomax 50mg #30 dispensed on 2/14/2014 is not medically necessary and appropriate.

UDS (urine drug screen) and Alcohol test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The injured worker has a history of chronic neck and back pain, and to have chronic use of opiates for therapy. The California MTUS Guidelines recommend as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The documentation submitted notated the patient is on continued use of opiates, specifically Opana, for which alcohol testing should be monitored. As well, a urine drug screen should be performed to rule out any aberrant drug related behaviors. The clinical documentation submitted for review indicates the necessity for a UDS. However, the documentation provided noted the injured worker denies the use of alcohol in addition to noting the injured worker is not an alcoholic. The documentation provided failed to indicate that the injured worker experienced any adverse reactions as of a result of alcohol consumption with continual use of Opana. There is a lack of documentation to indicate the medical necessity to warrant an alcohol test. As such the request for UDS (urine drug screen) and Alcohol test are not medically necessary and appropriate.