

Case Number:	CM14-0064437		
Date Assigned:	07/11/2014	Date of Injury:	09/25/2001
Decision Date:	09/11/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/07/2014

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 Occupational Medicine, 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 claimant injured his low back on 09/25/01. MSContin and Oxycodone are under review. He has a history of a lumbar herniated disc and postlaminectomy syndrome with chronic pain. On 02/19/14, he reportedly was authorized for a detoxification program. He was on fairly high doses of opioids but was working full-time. He had been able to decrease the amount of opioids while receiving epidural steroid injections 2-3 per year and he did not want to attend a detoxification program, he was concerned about his job. On 03/20/14, he complained of bilateral low back pain radiating to the left L4-5 distribution, and left buttock, left hip, posterior thigh and left knee pain. His pain level was 6-9/10. He reported left lower extremity weakness and numbness and stiffness and spasms of the low back with heaviness of his legs. He reported significant relief from Flector patches, MSContin, and Oxycodone and moderate improvement with physical therapy. He had an ESI that gave him 50% pain relief for 4 months at which time he was able to decrease his medication use. His drug screen was within normal limits. On 04/18/14, he reported pain that was radiating to the left lower extremity and impairing his sleep and mood. He had an antalgic gait and positive seated straight leg raise on the left side. Reflexes were symmetric. He had hypesthesia but no weakness. There were multiple myofascial trigger points. He was prescribed MSContin and Oxycodone and was referred to an Orthopedic Surgeon. On 05/06/14, the denial of his medications was appealed by the claimant. He reported that epidurals help. On 05/16/14, he reportedly was beginning to wean his medications. He has had 2 failed back surgeries. He was prescribed MSContin, 60 mg daily and Oxycodone, 25 mg daily for 1 month. He was taking the same doses on 04/18/14. A note by [REDACTED] dated 05/16/14 indicated that the claimant had 50% pain relief with his medications. He was on 75 mg of Morphine and 25 mg of Oxycodone on 10/31/13. He saw [REDACTED].

██████ on 06/20/14. He was complex and had plateaued with regard to weaning his opioids and he was down to 60 mg of Morphine and 20 mg of Oxycodone every 24 hours. He was compliant but was struggling to maintain his function and stay at work. He was still working full-time. He may need further taper through a detoxification program or functional restoration program. He had been authorized for a surgical consultation but this had not happened.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg ER #150 with 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, page 110 and Medications for Chronic Pain Page(s): 94, 110.

Decision rationale: The history and documentation do not objectively support the request for the opioid, MSContin 15 mg ER #150 with 0 refills. However, one half of the requested quantity (or #75) can be recommended for weaning purposes. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen, non-steroidal anti-inflammatory drugs, antidepressants, or anti-neuropathic medications. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including specific assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of MSContin is unclear other than he takes it. He reported being able to take "less medication following his ESIs but the specifics of his use of this medication during that period of time (4 months?) is not described. There is no evidence that a signed pain agreement is on file at the

provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. In addition, the providers have recommended detoxification which he has refused and there is no clear evidence that he is being successful weaning his medications on his own. As such, the medical necessity of the ongoing use of MSContin 15 mg ER #150 has not been demonstrated. Therefore, the request is not medically necessary.

Oxycodone 5mg #150 with 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, page 110, Medications for Chronic Pain Page(s): 94, 110.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Oxycodone 5 mg #150 with 0 refills. However, one half of the requested quantity (or #75) can be recommended for weaning purposes. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen, non-steroidal anti-inflammatory drugs, antidepressants, or anti-neuropathic medications. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including specific assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of MSContin is unclear other than he takes it. He reported being able to take "less medication following his ESIs but the specifics of his use of this medication during that period of time (4 months?), is not described. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. In addition, the providers have recommended

detoxification which he has refused and there is no clear evidence that he is being successful weaning his medications on his own. As such, the medical necessity of the ongoing use of Oxycodone 5 mg ER #150 has not been demonstrated. Therefore, he request is not medically necessary.