

Case Number:	CM14-0072860		
Date Assigned:	06/20/2014	Date of Injury:	08/18/2000
Decision Date:	12/31/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 49 year old female with an injury date on 08/18/2000. Based on the 05/01/2014 progress report provided by the treating physician, the diagnoses are:1. Low back pain2. Post laminectomy syndrome3. Lumbar radiculopathy4. Chronic pain syndrome5. SacroiliitisAccording to this report, the patient complains low back pain with lower extremity pain and "had an exacerbation to her LBP for the last 3 days."The patient rated the pain as an 8/10 that is "constant and fluctuated in intensity." Exacerbating factors consist of prolong sitting, standing and bending, staying one position. Relieving factors consist of medication, rest and changed in position. Physical exam shows a decreased lumbar range of motion, secondary to pain and tenderness over both sacroiliac joints. The 03/07/2014 report indicates patient's pain is a 4/10. Patient is "S/P 3 lumbar surgeries."There were no other significant findings noted on this report. The utilization review denied the request for Kadian 50mg, #60 and Percocet 10/325mg, #180 on 05/14/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 12//19/2013 to 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 50mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 05/01/2014 report, this patient presents with low back pain with lower extremity pain. Per this report, the current request is for Kadian 50mg, #60. This medication was first mentioned in the 12/09/2013 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 the 03/07/2014 and 05/01/2014 reports show documentation of analgesia with pain ranging from an 8/10 to 4/10. The treating physician provided a list of activities that exacerbated the symptoms but there were no discussion as to any significant ADL improvement with use of the opiate. UDS was obtained 09/10/2013 but the results were not discussed. Outcomes measures are not documented as required by MTUS. No valid instruments or numerical scales are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to properly document ADL's, Adverse effects and Adverse behavior as required by MTUS. Recommendation is not medically necessary.

Percocet 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 60-61, 78, 88, 89.

Decision rationale: According to the 05/01/2014 report, this patient presents with low back pain with lower extremity pain. Per this report, the current request is for Percocet 10/325mg, #180. This medication was first mentioned in the 12/09/2013 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 the 03/07/2014 and 05/01/2014 reports show documentation of analgesia with pain ranging from an 8/10 to 4/10. The treating physician provided a list of activities that exacerbated the symptoms but there were no discussion as to any significant ADL improvement with use of the opiate. UDS was obtained on 09/10/2013 but the results were not discussed. Outcomes measures are not documented as required by MTUS. No valid instruments or numerical scales are used to measure the patient's function which is recommended once at least

every 6 months per MTUS. The treating physician has failed to properly document ADL's, Adverse effects and Adverse behavior as required by MTUS. Recommendation is not medically necessary.