MAXIMUS Federal Services

Case Number:	CM14-0168402		
Date Assigned:	10/16/2014	Date of Injury:	11/14/2005
Decision Date:	01/13/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/13/2014

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 Oesteopathic Family Practice 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 55 year old male smoker who sustained an industrial injury on 11/14/2005. He is followed for chronic pain, postlaminectomy syndrome, lumbar facet arthropathy, lumbar degenerative disc disease, and lumbar bulging disc. The medical records indicate the prior utilization review was performed on September 4, 2014 at which time modification was made to allow for weaning and discontinuation of opioid medications. The patient was seen on September 26, 2014 at which time he complained of low back pain rated 8/10. He reported that an epidural had provided significant benefit. Medications reduce the pain by 50% and allow the patient to care for his debilitated mother. The patient has continued to try and wean his medications, but has noted increase and flare-up of his pain with doing this.Panel medical evaluation on September 26, 2013 diagnosed the patient with status post laminectomy/discectomy times two secondary to persistent left-sided sciatica without high-grade functional improvement; late effects sprain strain, and long history of cigarette abuse times 37 years. The panel medical evaluators stated that the patient has been maintained on narcotics. He noted attempt to continue to wean down and try to avoid Percocet which is more addicting that Norco. Recommendation was made to discontinue all forms of cigarettes and to adhere to a good exercise program.UR was performed on 10/7/14 at which time the peer reviewer conducted a discussion with the physician assistant. The PA stated noted that the patient had been previously on Avinza and this was replaced with MS Contin at a lower dose. The PA stated that the patient was being treated for his pain and there was no future expectation of reduction or getting the patient of the opioids. The PA stated that the current treatment plan was not going to be reduced or altered. There was no contemplated reduction in the prescribed opioids for the future. The peer reviewer noted that this does not comply with the guidelines. Recommendation was made to modify the request for MS Contin 30 mg # 60 to allow for one additional and final time to MS Contin 30 mg #30 with

no future refills. Percocet 10/325 mg #90 was modified for one additional and final time to Percocet #40 with no future refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: 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 Opioids Page(s): 74 to 96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain , Opioids

Decision rationale: The medical records indicate that the patient is being treated for chronic pain and has been prescribed opioids for an extended period of time. Evidence-based guidelines do not recommend long-term use of opioids due to the development of habituation and tolerance. It should be also noted that the patient is a smoker which would indicate a predilection to addiction. Furthermore, chronic use of opioids leads to testosterone imbalance in men. The patient is currently on short and long-acting opioid with a combination MED of 105. Recent evidence-based guidelines recommend that dosing not exceed 100 mg MED (morphine equivalents dosage/day), while there should be increased caution for dosing over 50 MED. Furthermore, the guidelines state that "Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. (Ballantyne, 2006) (Ballantyne, 2003)". It should be also noted that they agreed panel medical evaluator had also cautioned about the long-term use of opioids. The MS Contin is not medically necessary as the guideline recommendations are not met.

Percocet 10/325mg #90: 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 Opioids Page(s): 74 to 96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain, Opioids

Decision rationale: The medical records indicate that the patient is being treated for chronic pain and has been prescribed opioids for an extended period of time. Evidence-based guidelines do not recommend long-term use of opioids due to the development of habituation and tolerance. It should be also noted that the patient is a smoker which would indicate a predilection to addiction. Furthermore, chronic use of opioids leads to testosterone imbalance in men. The patient is currently on short and long-acting opioid with a combination MED of 105. Recent

evidence-based guidelines recommend that dosing not exceed 100 mg MED (morphine equivalents dosage/day), while there should be increased caution for dosing over 50 MED. Furthermore, the guidelines state that "Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. (Ballantyne, 2006) (Ballantyne, 2003)". It should be also noted that they panel medical evaluator had also cautioned about the long-term use of opioids. Therefore, the request for Percocet 10/325mg #90 is not medically necessary and appropriate.