MAXIMUS Federal Services

Case Number:	CM14-0190123		
Date Assigned:	11/21/2014	Date of Injury:	04/27/1990
Decision Date:	02/28/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Ohio
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 73 year-old male who has reported low back pain after an injury on Apr 27 1990. The diagnoses include chronic intractable pain syndrome, lumbar radiculopathy, post laminectomy syndrome, and arthrodesis of L4-5 and L5-S1. Treatment has included medications, physical therapy, a spinal cord stimulator, and multiple spine surgeries. The most recent spine surgery, a fusion and decompression, was performed in August 2013. The primary treating physician reports date from 3/17/14. Reports are templated and carry over the same information from visit to visit, making it difficult to determine current information. At the initial evaluation the injured worker was taking methadone, oxycodone, Celebrex, Soma, and Desyrel. Fentanyl had been stopped. Pain was 5-10/10. Pain was aggravated by all activity. Medications were continued. Reports during 2014 show ongoing prescribing of multiple opioids and other medications. Medications include submucosal fentanyl (various forms listed), Nuvigil, Cleartax, trazodone, Soma, methadone, and oxycodone. Medications are reported to improve activities of daily living, without any specific measures, and decrease pain. Pain varies from 5-10/10 at each visit. Aggravating factors include practically all activity, including sitting and standing. Per a report of 6/12/14, the injured worker visited an Emergency Department for parenteral Dilaudid. No specific follow-up was recommended regarding this visit to the Emergency Department. The records include an Emergency Department visit for Diluadid to treat back pain on 4/11/14. There are no drug test results in the records, and no evidence in the physician reports that any drug tests were prescribed.On 10/27/14 Utilization Review non-certified the medications now under Independent Medical Review. Utilization Review noted that more than 2400 MED were

prescribed per the methadone alone, that opioids were not prescribed per the MTUS, and that the opioids placed the injured worker at an unacceptable risk of harm or death. Utilization Review noted the lack of indications for trazodone and Soma. The MTUS and the Official Disability Guidelines were cited. Prior Utilization Review in 2014 had similar recommendations. The Utilization Review decisions did not result in any significant changes in physician prescribing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl citr 1200mcg #120: 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 Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does not adequately address function with respect to prescribing opioids, and does not adequately address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. When this physician took over care of this injured worker, opioids were continued and fentanyl was added. There were no clear functional expectations for opioids. During the course of treatment there has been no change in the condition of this injured worker. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. No urine drug screens have been performed, particularly at the onset of therapy. As noted in Utilization Review, this injured worker has been prescribed very high doses of opioids, yet there is minimal evidence of functional improvement. The injured worker has made at least one visit to the Emergency Department for additional opioids, which is counter to an adequate opioid contract and which should trigger an in-depth evaluation. This kind of evaluation did not occur. The MTUS specifically does not recommend transmucosal fentanyl for musculoskeletal pain. It is indicated only for the management of breakthrough cancer pain. Fentanyl is not medically necessary based on lack of benefit from opioids to date, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Methadone 10mg #600: 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 Opioid management; Opioids, steps to avoid misuse/addiction; Indications, Chronic back pain; Mec.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does not adequately address function with respect to prescribing opioids, and does not adequately address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. When this physician took over care of this injured worker, opioids were continued and fentanyl was added. There were no clear functional expectations for opioids. During the course of treatment there has been no change in the condition of this injured worker. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. No urine drug screens have been performed, particularly at the onset of therapy. As noted in Utilization Review, this injured worker has been prescribed very high doses of opioids, yet there is minimal evidence of functional improvement. The injured worker has made at least one visit to the Emergency Department for additional opioids, which is counter to an adequate opioid contract and which should trigger an in-depth evaluation. This kind of evaluation did not occur. Methadone is not medically necessary based on lack of benefit from opioids to date, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Trazodone 100mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, insomnia

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. No physician reports describe the specific criteria for a sleep disorder. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. The Official Disability Guidelines recommends against long term use of medications for insomnia and recommends a careful evaluation of insomnia. Sedating antidepressants are an option when there is co-existing depression, but there is tolerance and rebound insomnia. Prescribing in this case meets none of the guideline recommendations.

Trazodone is not medically necessary based on lack of a sufficient analysis of the patient's condition, the ODG citation, and overuse of habituating and psychoactive medications without clear benefit or indication.

Soma 350mg #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 muscle relaxants; Carisoprodol (Soma) Page(s): 63; 29.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for over a year. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, carisoprodol is categorically not recommended for chronic pain. Note its habituating and abuse potential. Per the MTUS, Soma is not indicated and is not medically necessary.