

Case Number:	CM14-0193449		
Date Assigned:	12/19/2014	Date of Injury:	02/28/2000
Decision Date:	01/28/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 Rehab, has a subspecialty in Pain 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 injured worker is a 56 year-old male with a date of injury of February 28, 2000. The patient's industrially related diagnoses include radiculopathy, post-laminectomy syndrome of the lumbar region, bilateral carpal tunnel syndrome, s/p release, neurogenic bladder, low back pain, post-laminectomy syndrome of the cervical region, major depression, and combination opioid drug dependence. The disputed issues are Dilaudid 8mg #90 and MS Contin 100mg #90. A utilization review determination on 11/5/2014 had non-certified these requests. The stated rationale for the denial was: It does not appear a prescription of Dilaudid and MS Contin is medically appropriate for the patient at this time. A review dating to 9/2012 recommended weaning of Dilaudid and MS Contin and subsequent reviews have recommended weaning as well due to lack of significant functional improvement or decreased pain with long-term use. At this point, the patient should no longer be taking any opioid medications. Therefore, based on previous recommendations for weaning bating back to 9/2012 and subsequent recommendations for weaning, the prospective request for one prescription of Dilaudid 8mg #90 and MS Contin 100mg #90 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Dilaudid, Chronic Pain Medical Treatment Guidelines state that Dilaudid is an opiate pain medication. Due to high abuse potential, close follow-up is recommended. Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress note dated 10/21/2014, the treating physician did not adequately document monitoring of the four domains. The treating physician addressed adverse side effects stating that the injured worker was tolerating his oral analgesics well and constipation was under control. However, there was limited documentation that the medication was improving the injured worker's pain (in terms of percent reduction in pain or reduced NRS). There was documentation of previous and current pain levels on good and bad days but no indication of pain levels with and without the use of Dilaudid. There was also limited documentation of functional improvement with the use of Dilaudid. There was documentation of previous improvement in function with epidural injections but no documentation of objective functional improvement with the use of this medication. Furthermore, there was no documentation of a recent urine drug screen (UDS) being completed. It should be noted that many of monthly progress notes contain the same paragraph text repeated which states that this worker is evaluated for functional activity impairment/improvement, medication benefits and side effects, on a routine basis. Pain management agreement was on file, unannounced urine drug screening was performed routinely, cures database was reviewed routinely, and opioid risk screening questionnaires were completed and on file. However, no submission of actual urine drug screen results was noted, nor were any actual Patient Activity Reports from the CURES program made available. Based on the lack of documentation, medical necessity for the Dilaudid 8mg #90 cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

MS Contin 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for MS Contin, Chronic Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended. Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress note dated 10/21/2014 and monthly beforehand, the treating physician did not adequately document monitoring of the four domains. The treating physician addressed adverse side effects stating that the injured worker was tolerating his oral analgesics well and constipation was under control. However, there was limited documentation that the medication was improving the injured worker's pain (in terms of percent reduction in pain or reduced NRS). There was also limited documentation of functional improvement with the use of MS Contin. There was documentation of previous improvement in function with epidural injections but no documentation of objective functional improvement with the use of this medication. Furthermore, there was no documentation of a recent urine drug screen (UDS) being completed. It should be noted that many of monthly progress notes contain the same paragraph text which states that this worker is evaluated for functional activity impairment/improvement, medication benefits and side effects, on a routine basis. Pain management agreement was on file, unannounced urine drug screening was performed routinely, cures database was reviewed routinely, and opioid risk screening questionnaires were completed and on file. However, no submission of actual urine drug screen results was noted, nor were any actual Patient Activity Reports from the CURES program made available. Based on the lack of documentation, medical necessity for the MS Contin 100mg #90 cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.