

Case Number:	CM14-0193630		
Date Assigned:	12/01/2014	Date of Injury:	06/27/2002
Decision Date:	01/15/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/19/2014

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:

Injured worker (IW) sustained an industrial injury low back on 06/27/02. He is status post (s/p) 3 back surgeries, as well as implantation of a spinal cord stimulator and intrathecal medication pump. Clinical notes, going back as far as 02/20/06, document ongoing use of high dosages of opioid pain medications greatly exceeding the MTUS recommendation of morphine equivalent dosage (MED) up to 120 mg/day. As of 10/13/06 he was receiving very large doses of both OxyContin and methadone. Since implantation of medication pump in 2007 he has been receiving intrathecal morphine and was able to reduce but not eliminate oral medications. For the past several years he has been on stable doses of methadone 10 mg two 3 times daily and hydrocodone/APAP 10/325 up to 6 per day. Attempts to wean opioid medications further have been unsuccessful. 02/07/14 he was seen in the emergency room and received Dilaudid injection and prescription for Dilaudid. Treating physician appears to have been aware of this, and request to continue Dilaudid was denied following peer review. IW has also received other adjunctive medications and epidural steroid injections (ESIs). One previous urine drug screen (UDS) was positive for amphetamine but negative on subsequent screens. 06/18/14 UDS was positive for prescribed medications, as well as ethanol. Periodic liver function tests and Electrocardiographs (ECGs) are documented. Per office notes, IW reports reduced visual analog scale (VAS) pain scores with the current medication regimen. He is able to work on his property and garden with use of pain medications, and activities such as stacking and moving fire wood are documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10-325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Claimant continues to receive large doses of opioids. However, he appears to have remained relatively stable over several years with oral and intrathecal medications, with documented pain relief and functional improvement with medications. Previous AME reports have indicated that an inpatient detoxification program will likely be necessary if there is an attempt to wean IW further from oral opioids. Although the current opioid dosages exceed MTUS recommendations, continuation of the current medication regimen appears to be reasonable and medically necessary.

1 Prescription for Methadone Hcl 10mg, #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Claimant continues to receive large doses of opioids. However, he appears to have remained relatively stable over several years with oral and intrathecal medications, with documented pain relief and functional improvement with medications. Previous AME reports have indicated that an inpatient detoxification program will likely be necessary if there is an attempt to wean IW further from oral opioids. Although the current opioid dosages exceed MTUS recommendations, continuation of the current medication regimen appears to be reasonable and medically necessary.

