

Case Number:	CM14-0203393		
Date Assigned:	12/15/2014	Date of Injury:	10/16/2000
Decision Date:	02/04/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

This 58 year old male was injured, while working construction on 10/16/2000, when he was kicking up debris, resulting in an anterior cruciate ligament (ACL) injury. He sustained left knee pain with a left knee replacement in 2006 with multiple revisions. He complained of chronic low back and knee pain. His medications include Lyrica, MS Contin, Endocet, promethazine, Prilosec, Wellbutrin and Cymbalta. Laboratory evaluation to determine current level of prescription medications were done 11/29/12 and were consistent with current prescriptions. Diagnoses included chronic pain syndrome, lower leg joint pain and depressive disorder. His pain level with medications was 3/10. He has improved activities of daily living but the only elaboration of this is that he can bring in wood to his house. From the documents provided, the injured worker's pain has remained unchanged for years (from 2012-2014) and no clear functional improvement had been documented. He is on full disability. There was no documentation of other treatments tried except medications. On 11/20/2014 Utilization Review non-certified the requests for Endocet 5-325 mg #180 based on failure of records to demonstrate significant functional improvement that can be attributed to the use of opiates. There is no documentation revealing quantitative functional gain or pain relief and objective findings do not reveal substantial improvements to warrant long-term use of opioids. Weaning had been certified on 6/9/14 and there are no new clinical findings that warrant ongoing use of this medication. The request for MS Contin CR 30 milligrams (mg) #180 has been modified for weaning purposes and the additional reasoning for modification is the same as stated above for Endocet. MTUS Chronic Pain Medical Treatment Guidelines were referenced in making the decision for both Endocet and MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 5/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) 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>There is clear evidence and documentation from the patient file, for a pain and functional improvement with previous use of narcotics. There is no documentation of patient compliance with his medication or continuous monitoring for side effects. There is no documentation of recent improvement of pain severity. Therefore, the prescription of Endocet 5/325mg #180 is not medically necessary.

MS Contin CR 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. 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 non-

adherent) 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>There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. Therefore, the request for MS Contin CR 30mg #180 is not medically necessary.