MAXIMUS Federal Services

Case Number:	CM14-0204814		
Date Assigned:	12/17/2014	Date of Injury:	05/25/2002
Decision Date:	02/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/08/2014

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 to multiple body areas on 05/25/02. She is s/p and lumbar laminectomy in 2003, bilateral carpal tunnel releases in 2004, and right knee partial medial and lateral meniscectomies and chondroplasty in 2005. Other treatment has included medications and physical therapy. She has received long-term opioid therapy, NSAID medication, and multiple medications for neuropathic pain. Office notes document a pain contract and compliance monitoring including periodic urine drug testing and CURES reports. 05/06/14 office note documented complaints of 7-8/10 pain with medications and 10/10 pain without medications. IW reported limitations in activities of daily living including self care & hygiene, activity, ambulation, hand function, and sleep. She reported improvement with medications in ability to perform self-care activities. Medications were continued (Celebrex, Fentanyl patch, gabapentin, Norco, Senokot, Lyrica, and Lidoderm). Per other office notes, she ambulates using back brace and walker, does not appear to have worked since 2002, and was previously unable to undergo diagnostic tests when her pain medications were denied. 07/01/14 office note documented complaints of pain, and stated that fentanyl was now being denied. IW was prescribed Celebrex, gabapentin, Norco 10/325 every 6 hours as needed, Senokot, Lyrica, Lidoderm, MS Contin 30 mg twice daily, and prochlorperazine 25 mg suppositories. 09/16/14 and 11/11/14 office notes documented complaints of ongoing pain with improvement in pain scale scores with medications.Utilization review recommended modified authorization for limited amounts of MS Contin and Norco to facilitate a weaning regimen, and denial for Compazine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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

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. Although admittedly limited, functional improvement and reduction in pain scores is documented with use of opioid pain medications in this case. A narcotic medication agreement and compliance monitoring program are in place. MTUS criteria for use of opioids for chronic pain appear to be met. Medical necessity is established for the requested Norco.

MS Contin 30mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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. As noted above, limited functional improvement and reduction in pain scores is documented with use of opioid pain medications in this case. A narcotic medication agreement and compliance monitoring program are in place. MTUS criteria for use of opioids for chronic pain appear to be met. Medical necessity is established for the requested MS Contin.

Compazine 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain chapter, Anti-emetics (for opioid nausea)

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, Antiemetics (for opioid nausea)

Decision rationale: ODG does not recommend antiemetics for nausea and vomiting secondary to chronic opioid use, noting that these side effects tend to diminish over days to weeks of continued exposure. ODG recommends that if nausea and vomiting is prolonged that evaluation for other etiologies be undertaken. IW has been receiving opioids on a chronic basis, and no industrial or nonindustrial condition for which use of an antiemetic would be considered appropriate is documented. Medical necessity is not established for the requested Compazine.