

Case Number:	CM14-0092647		
Date Assigned:	07/25/2014	Date of Injury:	03/25/2013
Decision Date:	01/28/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/18/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 40 year old male with the injury date of 03/25/13. Per physician's report 10/28/13, the patient has neck, left shoulder and lower back pain, radiating down his right leg at 3-7/10. The patient had 2 epidural injections in 2013 which helped his neck and right leg pain. "The medications, including Percocet, Motrin and Flexeril are not holding his pain consistently." The patient is not interested in surgical intervention. The patient is currently taking Percocet, Neurontin, Motrin, Flexeril and Prilosec. "His pain is too severe and too debilitating at this time to return to work." The lists of diagnoses are: 1) Lumbar degenerative disc disease at L3-4 and L4-5 with disc herniation 2) Lumbar radiculopathy at L3-4 and L4-5, with L4 and L5 nerve root impingement 3) Facet osteoarthritis at L5-S1 4) Spinal stenosis at L3-4 and L4-5 5) Cervical sprain/ strain. Per 09/25/13 progress report, the patient's low back pain has been improved significantly after the 2nd therapeutic epidural injection. He rates his lower back pain as 6-7/10. "He has been using medication judiciously with benefit." The patient is taking Flexeril, Ibuprofen, Ultram and Vicodin. The patient reports "a recent GI bleed and has been seen in ER." Therefore, the treater "prescribes Prilosec for gastric protection." Per 08/15/13 progress report, the patient has the same pain in his lower back at 6/10. "Currently he is using medication with benefit and no significant side effect." The treater plans to change Vicodin to Percocet. The utilization review determination being challenged is dated on 05/21/14. Treatment reports were provided from 06/05/13 to 10/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg 1 PO BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: The patient presents with pain and weakness in his lower back and right leg. The request is for MS CONTIN 15mg 1po bid #60. The review of the reports indicates that the patient has been on other opioid, such as Ultram, Vicodin or Percocet since at least 06/25/13 and the patient appears to have not tried MS Contin in the past. Regarding initiating opiates, MTUS guidelines page 76-78 recommend "the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." "Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS also states, "If partial analgesia is not obtained, opioids should be discontinued." In this case, the goal setting, baseline pain assessment and baseline functional assessment are not performed. There is no discussion regarding why another opiate is being tried; what the problem was with the other opioids. There is no discussion as to whether or not partial analgesia was obtained with other opiates to consider additional or another opiate. There is no discussion as to the goal setting, or what functional goals to achieve with the new opiate. The request is not medically necessary.

Percocet 10/325mg 1 PO TID PRN #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; Page(s): 88-89, 78; 60-61.

Decision rationale: The patient presents with pain and weakness in his lower back and right leg. The request is for PERCOCET 10/325mg 1po tid prn #90. The patient started utilizing Percocet between 09/25/13 and 10/28/13. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The review of the reports does not show any discussion specific to this medication, except "the medications, including Percocet, Motrin and Flexeril are not holding his pain consistently." The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed. There are no before and after pain scales required by the MTUS. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.

Trazodone 50mg 2 PO QHS #60 and 3 refills: 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 Antidepressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) stress/mental chapter, for trazodone

Decision rationale: The patient presents with pain and weakness in his lower back and right leg. The request is for TRAZODONE 50mg 2po qhs #60 with 3 refills. MTUS Guidelines page 13 to 15 do support the use of antidepressants for neuropathic pain. In regards to its use for insomnia, ODG guidelines support it if concurrent depression is documented. In this case, the treater does not explain why Trazodone is being prescribed. There is no discussion regarding what has been tried and how the patient is struggling with insomnia. There is no discussion regarding any depression either. The request IS NOT medically necessary.