MAXIMUS Federal Services

Case Number:	CM15-0100470		
Date Assigned:	06/02/2015	Date of Injury:	05/05/2005
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Internal Medicine

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 female, who sustained an industrial injury on May 5, 2005. Treatment to date has included lumbar fusion and medications. A physician's evaluation on November 5, 2014 revealed the injured worker complained of chronic low back pain and was status post multiple lumbar fusions. She described the pain as severe and intractable and notes that it is relieved with medication and increased function. On physical examination she has spasm and decreased range of motion. Her sensations were intact and she had a positive straight leg raise bilaterally. The diagnoses associated with the evaluation included status post lumbar fusion, lumbar discogenic disease, chronic low back pain, chronic pain syndrome and cervical spine degenerative disc disease. A request was received for a urine drug screen, outpatient referral to a psychiatrist, Percocet, Colace, Flexeril and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic low back pain. Physician reports indicate that the injured worker is already prescribed Norco and reports the pain is relieved with current medication regimen with improved function. The medical necessity for Percocet has not been established. The request for Percocet 10/325mg #120 is not medically necessary by MTUS.

Colace 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation http://www.nlm.nih.gov/medlineplus.

Decision rationale: Stool softeners are used on a short-term basis to treat constipation. Documentation fails to show that the injured has constipation to support the medical necessity for Colace. The request for Colace 100mg #90 is not medically necessary per guidelines.

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation shows that the injured worker had been prescribed another muscle relaxant, Soma, for ongoing chronic low back pain. Per guidelines, muscle relaxants are recommended for short-term use. The request for Flexeril 10mg #90 is not medically necessary by MTUS.

Neurontin 600mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker complaints of chronic low back pain, status post multiple back surgeries. Documentation indicates improvement in pain and function of medication regimen. The recommendation for continued use of Neurontin is reasonable and clinically appropriate. The request for Neurontin 600mg #60 is medically necessary by MTUS.

Urine Drug Screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation provided for review fails to show evidence of risk stratification or results of prior urine drug screening. However, the injured worker is prescribed Norco for treatment of chronic low back. The request for Urine Drug Screen is medically necessary.

Outpatient Referral to Psychiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Disability, Referrals, pg 92.

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Chart documentation indicates that the injured worker is undergoing active treatment for chronic low back pain and reports improvement in pain and function on current medication regimen. Physician reports fail to show evidence of mental health issues to support the request for Psychiatry referral. The request for Outpatient Referral to Psychiatrist is not medically necessary.