

Case Number:	CM15-0101456		
Date Assigned:	06/09/2015	Date of Injury:	03/21/1993
Decision Date:	07/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/27/2015

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: Pennsylvania

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 63 year old female who sustained an industrial injury on 3/21/93. She reported initial complaints of back pain. The injured worker was diagnosed as having status post L3-L5 fusion with early degenerative disc disease, chronic pain syndrome, failed back surgery lumbar, cervical degenerative disc disease, myofascial pain syndrome, postlaminectomy pain syndrome cervical and lumbar, and history of depression. Treatment to date has included status post multiple lumbar surgeries including lumbar fusion L3-L5 (1/9/1997), anterior/posterior spinal decompression/fusion (8/10/04), status post L2-L3 fusion (6/2007), back brace, chiropractic treatment, physical therapy, epidural steroid injections, and medications. Diagnostics included MRI of the Lumbar Spine (6/18/12) which showed extensive postsurgical changes, and mild bilateral foraminal narrowing at L5-S1. An Agreed Medical Examination (AME) in 2011 notes treatment by a psychiatrist for depression in 1996. An AME in 2013 includes review of records which indicate use of opioid medications for many years, including use of Percocet and MS contin since at least 2012. Percocet, MS Contin, Lyrica, and Lidoderm were prescribed since November 2014. Work status in March 2015 was noted as retired. Progress note of 3/9/15 notes that the injured worker states that Lyrica isn't helping much. Currently, the PR-2 notes dated 5/6/15 indicated the injured worker complains of neck and lower back pain. She states that her pain radiates down to her right arm all the way down to her hand. Her lower back pain radiates down both legs. The neck pain is burning and constant. Her lower back pain is sharp and constant. She feels numbness down her left arm. She indicates resting and taking her pain medications makes the pain better. Pain without medications would be 10/10

while taking medications drops the pain level to 4/10. She states Lidoderm patch alleviates pain whenever she applies it, Lyrica helps nerve pain, MS Contin alleviates the pain and Percocet helps breakthrough pain. The documentation notes taking these medications allow her to do cleaning and obtaining groceries. Examination shows 5/5 strength in bilateral upper and lower extremities, positive straight leg raise on the right, moderate spasms in the lumbar and thoracic paraspinous musculature, and positive Spurling's on the right. Sensation was noted as grossly intact in the distal extremities. The provider notes that the injured worker has had several cervical and lumbar surgeries and continues to have severe pain symptoms due to postlaminectomy pain syndrome of the cervical and lumbar spine. It was noted that the injured worker has had physical therapy, multiple spine surgeries, epidural steroid injections, antiepileptic drugs (AEDs), and multiple opiates but continues to have suboptimal pain relief. The provider states that the injured worker declines injection therapy and further surgeries. He notes she has signed a narcotic agreement on file and does not exhibit any aberrant drug seeking behavior. A urine drug screen was noted to be consistent with prescribed medications, but the date of this screen was not specified. Cognitive behavioral therapy was requested "to improve pain and minimize short acting narcotics." Work status was noted as P/S (permanent and stationary). The provider is requesting: Cognitive behavioral therapy 6 sessions, Lidoderm patch 5% #90, Lyrica 100mg #60, MS Contin 60mg #90, Percocet 10/325mg #120, Urine Drug Screen, and Right L4-5, L5-S1 transforaminal epidural steroid injection for lumbar spine. On 5/15/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg Qty: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic neck and low back pain. Opioids have been prescribed for many years, with documentation indicating prescription of percocet and MS contin since 2013 and more recent progress reports noting continued use of percocet and MS contin from November 2014 to May 2015. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed, and return to work was not documented. An opioid contract was noted but not submitted. Urine drug testing was noted but dates and results were not submitted. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Medications as a group were noted to allow the injured worker to perform some activities of daily living. Work status was noted as permanent and stationary and as retired. There was no documentation of decrease in medication use or decrease in frequency of office visits, and multiple treatment modalities are currently requested. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan

NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. The physician has noted that the injured worker did not exhibit aberrant drug seeking behavior, but use of a screening tool was not discussed. Specific improvement in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, MS contin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Percocet 10/325mg Qty: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic neck and low back pain. Opioids have been prescribed for many years, with documentation indicating prescription of percocet and MS contin since 2013 and more recent progress reports noting continued use of percocet and MS contin from November 2014 to May 2015. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed, and return to work was not documented. An opioid contract was noted but not submitted. Urine drug testing was noted but dates and results were not submitted. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Medications as a group were noted to allow the injured worker to perform some activities of daily living. Work status was noted as permanent and stationary and as retired. There was no documentation of decrease in medication use or decrease in frequency of office visits, and multiple treatment modalities are currently requested. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. The physician has noted that the injured worker did not exhibit aberrant drug seeking behavior, but use of a screening tool was not discussed. Specific improvement in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, percocet does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Lyrica 100mg Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: anti-epilepsy drugs for pain.

Decision rationale: This injured worker has chronic neck and low back pain. Lyrica has been prescribed for at least 6 months. Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Lyrica (pregabalin) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and is FDA approved for these indications as well as for fibromyalgia. Side effects include edema, central nervous system depression, weight gain, blurred vision, somnolence, and dizziness. It has been suggested that this medication be avoided in patients who have problems with weight gain. A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. In this case, there was no documentation of at least a moderate reduction in pain as a result of use of Lyrica. One report notes that it was not helping. Suboptimal pain relief in spite of use of AEDs was noted more recently. There was no documentation of functional improvement as a result of use of Lyrica. Medications as a group were noted to allow some activities of daily living, but there was no discussion of specific improvement in activities of daily living as a result of use of Lyrica. Work status was noted as permanent and stationary and as retired. There was no documentation of decrease in medication use or decrease in frequency of office visits, and multiple treatment modalities are currently requested. Due to lack of significant improvement in pain or function as a result of use of Lyrica, the request for Lyrica is not medically necessary.

Lidoderm patch 5%, Qty: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) p. 57, topical analgesics p. 111-113 Page(s): 57, 111-113.

Decision rationale: This injured worker has chronic neck and low back pain. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or Lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain or post-herpetic neuralgia. Lidoderm has been prescribed for at least 6 months without documentation of functional improvement. Due to lack of specific indication and lack of functional improvement, the request for lidoderm patch is not medically necessary.

Right L4-5, L5-S1 transforaminal epidural steroid injection for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: This injured worker has chronic low back pain with multiple prior back surgeries. Prior epidural steroid injections were noted but the dates, sites of injection, and outcome were not discussed. The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, nonsteroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. The MTUS states that epidural steroid injection should be used in conjunction with other rehab efforts including continuing a home exercise program. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI shows no nerve root compression, and there are no clinical findings which correlate with the MRI. Recent motor and sensory examination were normal. There is no evidence in the medical reports that the proposed epidural injection will be used in conjunction with "other rehab efforts, including continuing a home exercise program" as recommended by the MTUS. There was no documentation of functional improvement as a result of prior epidural steroid injections. Due to insufficient clinical findings of radiculopathy and lack of presence of the MTUS criteria as noted, the request for right L4-5, L5-S1 transforaminal epidural steroid injection for lumbar is not medically necessary.

Cognitive behavioral therapy Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy, Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Cognitive behavioral therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions p. 23, psychological evaluations and treatment p. 100-102 Page(s): 23, 100-102.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: cognitive behavioral therapy (CBT), cognitive therapy for depression.

Decision rationale: This injured worker has chronic neck and back pain and history of depression. The treating physician has requested cognitive behavioral therapy to improve pain and minimize short acting narcotics. Per the MTUS, psychological evaluations are recommended with selected use in pain problems and the chronic pain populations. Psychological interventions are recommended for appropriately identified patients during treatment of chronic pain. Psychological intervention for chronic pain includes setting goals,

determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. The MTUS for chronic pain states that an initial trial of 3-4 psychotherapy visits over 2 weeks is recommended, and that with evidence of functional improvement, there may be a total of 6-10 visits over 5-6 weeks. In this case, the number of sessions requested (6) is in excess of the guideline recommendation of an initial trial of 3-4 visits. As such, the request for cognitive behavioral therapy Qty: 6 is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94 Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing chronic pain chapter: opioids, screening tests for risk of addiction and misuse.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. In this case, the documentation indicates that the injured worker has previously undergone urine drug screening, but the dates and results of testing were not submitted or discussed. There was no documentation of risk stratification for aberrant behavior, which would be necessary to determine the frequency of urine drug testing. The statement that the injured worker did not exhibit any aberrant drug seeking behavior is insufficient for risk stratification for aberrant behavior. As the dates and results of prior testing were not submitted, the appropriate timeframe for additional testing cannot be determined. In addition, the associated opioid medications have been determined to be not medically necessary. For these reasons, the request for urine drug screen is not medically necessary.