MAXIMUS Federal Services

Case Number:	CM15-0109479		
Date Assigned:	06/16/2015	Date of Injury:	07/06/1990
Decision Date:	09/23/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female, who sustained an industrial injury on July 6, 1990. The injured worker was diagnosed as having arthrodesis status, spinal stenosis lumbar region without neurogenic claudication, and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included lumbar fusion, x-rays, Functional Capacity Evaluation (FCE), physical therapy, and medication. Currently, the injured worker complains of pain in the lower back, right buttock, and right posterior thigh. The Treating Physician's report dated April 23, 2015, noted the injured worker reported continuing to decrease her MSIR, participating in a physical therapy program, able to transfer with greater fluency and ease. The injured worker was noted to be sitting better, able to transition with less significant pain, using a cane for short distances. The treatment plan was noted to include the injured worker's medications, including Lidoderm topical film, Docusate Sodium, Gabapentin, Valium, Fiorinal, Phenergan, Klor-Con, reduced dosage of MS Contin, and Morphine sulfate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Diazepam (Valium).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: Based on the 5/22/15 progress report provided by the treating physician, this patient presents with constant left posterolateral projecting pain into the leg and foot as well as bilateral numbness below the waist and pain in the back with sitting/standing. The treater has asked for Diazepam 10mg #60 with 5 refills but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p lumbar fusion from L2 to S1 from June 2014. The patient has residual leg pain and numbness after her fusion, but nothing compared to previously constant agonizing low back pain, which has greatly improved per 1/29/15 report. The patient continues on the usual amount of medication, and is currently taking Lidoderm patches, Docusate, Gabapentin, Valium, Fiorinal, Phenergan, Klor-Con, MS Contin, MSIR, Potassium Chloride per 5/22/14 report. The patient is currently not working per 3/27/15 report. MTUS, benzodiazepines section pg 24: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/ hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The treater does provide any discussion regarding Diazepam. MTUS guidelines do not recommend benzodiazepines use for long-term and limits use to 4 weeks. The requested 90 tablets of Diazepam do not indicate intended short-term use of this medication. The requested Diazepam IS NOT medically necessary.

MSIR (morphine) 15mg #150 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate, MS Contin, Criteria for use of opioids, Opioids for chronic pain, Weaning, Functional improvement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 5/22/15 progress report provided by the treating physician, this patient presents with constant left posterolateral projecting pain into the leg and foot as well as bilateral numbness below the waist and pain in the back with sitting/standing. The treater has asked for MSIR (morphine) 15mg #150 with 5 refills but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p lumbar fusion from L2 to S1 from June 2014. The patient has residual leg pain and numbness after her fusion, but nothing compared to previously constant

agonizing low back pain, which has greatly improved per 1/29/15 report. The patient continues on the usual amount of medication, and is currently taking Lidoderm patches, Docusate, Gabapentin, Valium, Fiorinal, Phenergan, Klor-Con, MS Contin, MSIR, Potassium Chloride per 5/22/14 report. The patient is currently not working per 3/27/15 report. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids-Therapeutic Trial of Opioids, also requires documentation of the 4As, 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. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Treater has not provided reason for the request. It is not known when MorphineSulfate ER (Avinza) was initiated. It appears patient has been prescribed Morphine Sulphate ER (Avinza) at least since 8/14/14, per progress report. In this case, treater states that because of Morphine Sulfate ER (Avinza) "her pain is helped" but does not mention specific activities of daily living. MTUS states "function should include social, physical, psychological, daily and work activities." There are no pain scales or validated instruments addressing analgesia. No UDS or CURES report included in documentation. Also, there are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

MS Contin 30mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate, MS Contin, Criteria for use of opioids, Opioids for chronic pain, Weaning, Functional improvement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 5/22/15 progress report provided by the treating physician, this patient presents with constant left posterolateral projecting pain into the leg and foot as well as bilateral numbness below the waist and pain in the back with sitting/standing. The treater has asked for MS Contin 30mg #90 with 5 refills but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p lumbar fusion from L2 to S1 from June 2014. The patient has residual leg pain and numbness after her fusion, but nothing compared to previously constant agonizing low back pain, which has greatly improved per 1/29/15 report. The patient continues on the usual amount of medication, and is currently taking Lidoderm patches, Docusate, Gabapentin,

Valium, Fiorinal, Phenergan, Klor-Con, MS Contin, MSIR, Potassium Chloride per 5/22/14 report. The patient is currently not working per 3/27/15 report. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids, Therapeutic Trial of Opioids, also requires documentation of the 4As, 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. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 3/27/15 report states, "her pain is helped" by the use of MS Contin but does not mention specific activities of daily living. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs, which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. The treater does assess the patient's Oswestry score at 78% per 3/27/15 report. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Furthermore, the use of opiates is not supported for low back pain. The requested Tramadol IS NOT medically necessary. The 3/27/15 report states that “her pain is helped” by the use of MS Contin but does not mention specific activities of daily living. In this case, none of the 4 A’s are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/ side effects. The treater does assess the patient’s Oswestry score at 78% per 3/27/15 report. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Furthermore, the use of opiates is not supported for low back pain. The requested Tramadol IS NOT medically necessary.

Potassium chloride SR 10meq #30 with 5 refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com.

Decision rationale: Based on the 5/22/15 progress report provided by the treating physician, this patient presents with constant left posterolateral projecting pain into the leg and foot as well as bilateral numbness below the waist and pain in the back with sitting/standing. The treater has asked for Potassium chloride SR 10meq #30 with 5 refills but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p lumbar fusion from L2 to S1 from June 2014. The patient has residual leg pain and numbness after her fusion, but nothing compared to previously constant agonizing low back pain, which has greatly improved per 1/29/15 report. The patient continues on the usual amount of medication, and is currently taking Lidoderm patches, Docusate, Gabapentin, Valium, Fiorinal, Phenergan, Klor-Con, MS Contin, MSIR, Potassium Chloride per 5/22/14 report. The patient is currently not working per 3/27/15 report. MTUS, ODG and ACOEM Guidelines are silent on this request. Drugs.com states: Potassium is a mineral that is found in many foods and is needed for several functions of your body, especially the beating of your heart. Potassium chloride is used to prevent or to treat low blood levels of potassium (hypokalemia). Potassium levels can be low because of a disease or from taking certain medicines, or after a prolonged illness with diarrhea or vomiting. Potassium chloride may also be used for other purposes not listed in this medication guide. To be sure, potassium chloride is helping your condition; your blood may need to be tested often. In this case, the patient is taking potassium chloride per reports dated 12/14/14, 3/27/15, and 5/22/14. According to drugs.com, potassium levels can become low from taking certain medicines and potassium chloride is used to prevent low blood levels of potassium (hypokalemia). It also appears the treater is closely monitoring the patient's potassium condition. Therefore, the request IS medically necessary.

Gabapentin 300mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 18, 19.

Decision rationale: Based on the 5/22/15 progress report provided by the treating physician, this patient presents with constant left posterolateral projecting pain into the leg and foot as well as bilateral numbness below the waist and pain in the back with sitting/standing. The treater has asked for Gabapentin 300mg #60 with 5 refills but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p lumbar fusion from L2 to S1 from June 2014. The patient has residual leg pain and numbness after her fusion, but nothing compared to previously constant agonizing low back pain, which has greatly improved per 1/29/15 report. The patient continues on the usual amount of medication, and is currently taking Lidoderm patches, Docusate, Gabapentin, Valium, Fiorinal, Phenergan, Klor-Con, MS Contin, MSIR, Potassium Chloride per 5/22/14 report. The patient is currently not working per 3/27/15 report. MTUS Guidelines Anti-epilepsy Drugs section, pg 18, 19 states: "Gabapentin -Neurontin, Gabarone, generic available- has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states,

"A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. Treater does not document when Neurontin was initiated, but it was at least by 7/3/14 report. The patient presents with severe chronic pain, a neuropathic condition for which Neurontin is indicated. However, the treater does not document efficacy in terms of reduction in pain and improvement in function, as required by MTUS page 60 for all chronic pain medications. Therefore, the request IS NOT medically necessary.

Docusate sodium 250mg #6 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, and Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Constipation Page(s): 77.

Decision rationale: Based on the 5/22/15 progress report provided by the treating physician, this patient presents with constant left posterolateral projecting pain into the leg and foot as well as bilateral numbness below the waist and pain in the back with sitting/standing. The treater has asked for Docusate sodium 250mg #6 with 5 refills but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p lumbar fusion from L2 to S1 from June 2014. The patient has residual leg pain and numbness after her fusion, but nothing compared to previously constant agonizing low back pain, which has greatly improved per 1/29/15 report. The patient continues on the usual amount of medication, and is currently taking Lidoderm patches, Docusate, Gabapentin, Valium, Fiorinal, Phenergan, Klor-Con, MS Contin, MSIR, Potassium Chloride per 5/22/14 report. The patient is currently not working per 3/27/15 report. MTUS Constipation section, page 77 states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states, "Opioid induced constipation is a common adverse side effect of long-term opioid use." In this case, the patient has been using Docusate for constipation at least since 1/29/15. The patient does currently take opioid medications for pain relief. UR denial appeal letter, dated 5/28/14, denies the request by stating that opioid use has not been found to be medically necessary for this patient, and so neither does Docusate. However, MTUS supports prophylactic treatment of opioid-induced constipation. Hence, the request is reasonable and IS medically necessary.