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| Case Number: | CM15-0016873 | | |
| Date Assigned: | 01/29/2015 | Date of Injury: | 03/19/1997 |
| Decision Date: | 01/31/2015 | UR Denial Date: | 01/13/2015 |
| Priority: | Expedited | Application Received: | 01/29/2015 |

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. The expert reviewer is Board Certified in Physical Medicine Rehab, 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:

This patient sustained an injury on 3/19/1997 while employed by [REDACTED]. Request(s) under consideration include Oxycontin 40mg #90, MSIR 30mg #180, CT Scan of Lumbar Spine, and Urine Drug Screen. Diagnoses include failed back surgery syndrome with low back pain; right hip pain (non-industrial), long acting/short acting opioid therapy; fibromyalgia, disables, and spinal cord stimulator. Conservative care has included medications, therapy, and modified activities/rest. Medications list Celebrex, Morphine Sulfate 30mg 6x/day, OxyContin 40mg 3x/day, and Lyrica. The patient continues to treat for chronic ongoing pain symptoms. Report of 1/6/15 from the provider noted continued and increased pain and numbness in the lower extremities, urinary incontinence, and elevated blood pressure of 189/100 from constant severe pain. Exam showed unchanged findings of lumbar spine tenderness over mid lumbar; severely restricted range with positive SLR at 30 degrees bilaterally; mild weakness of iliopsoas and quads; hypoactive DTRs throughout although no pathological reflexes noted; diffuse diminished sensation over anterior thigh bilaterally. Diagnoses include spondylosis and stenosis at L1-3 with radiculopathy. Treatment plan was for expedited review of medications for patient with longstanding chronic pain syndrome and postlaminectomy syndrome. The request(s) for Oxycontin 40mg #90, MSIR 30mg #180, CT Scan of Lumbar Spine, and Urine Drug Screen were non-certified on 1/13/15 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90: Upheld

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

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

Decision rationale: This patient sustained an injury on 3/19/1997 while employed by [REDACTED] [REDACTED]. Request(s) under consideration include Oxycontin 40mg #90, MSIR 30mg #180, CT Scan of Lumbar Spine, and Urine Drug Screen. Diagnoses include failed back surgery syndrome with low back pain; right hip pain (non-industrial), long acting/short acting opioid therapy; fibromyalgia, disables, and spinal cord stimulator. Conservative care has included medications, therapy, and modified activities/rest. Medications list Celebrex, Morphine Sulfate 30mg 6x/day, OxyContin 40mg 3x/day, and Lyrica. The patient continues to treat for chronic ongoing pain symptoms. Report of 1/6/15 from the provider noted continued and increased pain and numbness in the lower extremities, urinary incontinence, and elevated blood pressure of 189/100 from constant severe pain. Exam showed unchanged findings of lumbar spine tenderness over mid lumbar; severely restricted range with positive SLR at 30 degrees bilaterally; mild weakness of iliopsoas and quads; hypoactive DTRs throughout although no pathological reflexes noted; diffuse diminished sensation over anterior thigh bilaterally. Diagnoses include spondylosis and stenosis at L1-3 with radiculopathy. Treatment plan was for expedited review of medications for patient with longstanding chronic pain syndrome and postlaminectomy syndrome. The request(s) for Oxycontin 40mg #90, MSIR 30mg #180, CT Scan of Lumbar Spine, and Urine Drug Screen were non-certified on 1/13/15. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 1997 injury without acute flare, new injury, or progressive deterioration. The Oxycontin 40mg #90 is not medically necessary and appropriate.

MSIR 30mg #180: Upheld

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

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

Decision rationale: This patient sustained an injury on 3/19/1997 while employed by [REDACTED] Request(s) under consideration include Oxycontin 40mg #90, MSIR 30mg #180, CT Scan of Lumbar Spine, and Urine Drug Screen. Diagnoses include failed back surgery syndrome with low back pain; right hip pain (non-industrial), long acting/short acting opioid therapy; fibromyalgia, disables, and spinal cord stimulator. Conservative care has included medications, therapy, and modified activities/rest. Medications list Celebrex, Morphine Sulfate 30mg 6x/day, OxyContin 40mg 3x/day, and Lyrica. The patient continues to treat for chronic ongoing pain symptoms. Report of 1/6/15 from the provider noted continued and increased pain and numbness in the lower extremities, urinary incontinence, and elevated blood pressure of 189/100 from constant severe pain. Exam showed unchanged findings of lumbar spine tenderness over mid lumbar; severely restricted range with positive SLR at 30 degrees bilaterally; mild weakness of iliopsoas and quads; hypoactive DTRs throughout although no pathological reflexes noted; diffuse diminished sensation over anterior thigh bilaterally. Diagnoses include spondylosis and stenosis at L1-3 with radiculopathy. Treatment plan was for expedited review of medications for patient with longstanding chronic pain syndrome and postlaminectomy syndrome. The request(s) for Oxycontin 40mg #90, MSIR 30mg #180, CT Scan of Lumbar Spine, and Urine Drug Screen were non-certified on 1/13/15. Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 1997 injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The MSIR 30mg #180 is not medically necessary and appropriate.

CT Scan of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: This patient sustained an injury on 3/19/1997 while employed by [REDACTED] Request(s) under consideration include Oxycontin 40mg #90, MSIR 30mg #180, CT Scan of Lumbar Spine, and Urine Drug Screen. Diagnoses include failed back surgery syndrome with low back pain; right hip pain (non-industrial), long acting/short acting opioid therapy; fibromyalgia, disables, and spinal cord stimulator. Conservative care has included medications, therapy, and modified activities/rest. Medications list Celebrex, Morphine Sulfate 30mg 6x/day, OxyContin 40mg 3x/day, and Lyrica. The patient continues to treat for chronic

ongoing pain symptoms. Report of 1/6/15 from the provider noted continued and increased pain and numbness in the lower extremities, urinary incontinence, and elevated blood pressure of 189/100 from constant severe pain. Exam showed unchanged findings of lumbar spine tenderness over mid lumbar; severely restricted range with positive SLR at 30 degrees bilaterally; mild weakness of iliopsoas and quads; hypoactive DTRs throughout although no pathological reflexes noted; diffuse diminished sensation over anterior thigh bilaterally. Diagnoses include spondylosis and stenosis at L1-3 with radiculopathy. Treatment plan was for expedited review of medications for patient with longstanding chronic pain syndrome and postlaminectomy syndrome. The request(s) for Oxycontin 40mg #90, MSIR 30mg #180, CT Scan of Lumbar Spine, and Urine Drug Screen were non-certified on 1/13/15. Per ACOEM Treatment Guidelines for Low Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested CT scan of the Lumbar Spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the CT scan of the Lumbar spine nor document any specific changed or progressive neurological clinical findings to support this imaging study per multiple submitted reports. There is no documented acute-flare up, defined progressive deficits, ADL limitations, or report of any new injury to support repeating the imaging study for this chronic injury of 1997. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT Scan of Lumbar Spine is not medically necessary and appropriate.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: This patient sustained an injury on 3/19/1997 while employed by [REDACTED] [REDACTED] Request(s) under consideration include Oxycontin 40mg #90, MSIR 30mg #180, CT Scan of Lumbar Spine, and Urine Drug Screen. Diagnoses include failed back surgery syndrome with low back pain; right hip pain (non-industrial), long acting/short acting opioid therapy; fibromyalgia, disables, and spinal cord stimulator. Conservative care has included medications, therapy, and modified activities/rest. Medications list Celebrex, Morphine Sulfate 30mg 6x/day, OxyContin 40mg 3x/day, and Lyrica. The patient continues to treat for chronic ongoing pain symptoms. Report of 1/6/15 from the provider noted continued and increased pain and numbness in the lower extremities, urinary incontinence, and elevated blood pressure of 189/100 from constant severe pain. Exam showed unchanged findings of lumbar spine tenderness over mid lumbar; severely restricted range with positive SLR at 30 degrees bilaterally; mild

weakness of iliopsoas and quads; hypoactive DTRs throughout although no pathological reflexes noted; diffuse diminished sensation over anterior thigh bilaterally. Diagnoses include spondylosis and stenosis at L1-3 with radiculopathy. Treatment plan was for expedited review of medications for patient with longstanding chronic pain syndrome and postlaminectomy syndrome. The request(s) for Oxycontin 40mg #90, MSIR 30mg #180, CT Scan of Lumbar Spine, and Urine Drug Screen were non-certified on 1/13/15. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 1997 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Drug Screen is not medically necessary and appropriate.