

Case Number:	CM15-0135103		
Date Assigned:	07/23/2015	Date of Injury:	12/12/1993
Decision Date:	08/26/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57-year-old male, who sustained an industrial injury on 12/12/1993. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include thoracic or lumbosacral neuritis or radiculitis, post laminectomy syndrome of lumbar region, muscle spasm and myofascial pain syndrome. Per the submitted office notes, the injured worker is being evaluated every 28 days and is prescribed a 30-day supply of medications at each visit. There are no documented pill counts, and the apparent extra doses of medication provided are not accounted for in the notes. All submitted office notes state that medication is less, but no reduction in medication amounts or dosages is documented. Currently, he complained of low back pain radiation down the lower extremity, upper back pain with radiation down the arm and bilateral shoulder pain. Pain was rated 6/10 VAS on average. Pain levels with and without medications are not documented. All submitted notes state that activity is decreased and exercise is increased, without specific examples. One mental health note submitted states that the injured worker is working. On 6/11/15, the physical examination documented thoracic muscle tenderness and trigger points. The lumbar spine demonstrated decreased range of motion with muscle spasms and trigger points noted. The plan of care included prescriptions for Flector 1.3% patch, apply one patch every twelve hours, #60; Norco 10/325mg one tablet every four to six hours as needed #180; and Oxycontin 20mg, one tablet twice a day #60. A urine drug screen performed in June 2015 was consistent with the prescribed opioid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Despite long-term opioid use, office notes indicate that the injured worker remains in moderate to severe pain. Documentation of specific reduction in pain, including reduction in VAS pain levels, is lacking. Documentation of specific functional improvement with opioid therapy is lacking. Although there is a documented single urine drug screen, other measures such as pill counts or monitoring of CURES reports are lacking. This is particularly concerning, given the apparent prescription of a 30-day supply of medications every 28 days in this case. Based upon the submitted documentation, the "4 A's" are not sufficiently met, and therefore continued use of Norco is not supported by MTUS. Medical necessity is not established for the requested Norco. This is not medically necessary.

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Despite long-term opioid use, office notes indicate that the injured worker remains in moderate to severe pain. Documentation of specific reduction in pain, including reduction in VAS pain levels, is lacking. Documentation of specific functional

improvement with opioid therapy is lacking. Although there is a documented single urine drug screen, other measures such as pill counts or monitoring of CURES reports are lacking. This is particularly concerning, given the apparent prescription of a 30-day supply of medications every 28 days in this case. Based upon the submitted documentation, the "4 A's" are not sufficiently met, and therefore continued use of Oxycontin is not supported by MTUS. Medical necessity is not established for the requested Oxycontin. This is not medically necessary.

Flector 1.3% patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

Decision rationale: Flector patch is a topical NSAID. MTUS does not recommend topical NSAIDs for treatment of neuropathic pain, and notes lack of evidence to support topical NSAIDs for treatment of the spine. Failure or contraindication to oral NSAIDs is not documented in this case. Due to lack of support by MTUS for topical NSAIDs to treat this condition, as well as lack of documentation that other, first-line options have been exhausted, medication necessity is not established for the requested Flector patches. This is not medically necessary.