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| Case Number: | CM15-0164931 | | |
| Date Assigned: | 09/02/2015 | Date of Injury: | 12/09/2000 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 07/31/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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 62-year-old female, who sustained an industrial injury on December 9, 2000. She reported left shoulder and elbow pain, left lower back pain radiating down to the knee and bilateral knee pain. The injured worker was diagnosed as having internal derangement of the knee, meniscus tear of the right knee confirmed by magnetic resonance imaging (MRI), severe degenerative joint disease of bilateral knees, trochanteric bursitis bilaterally, chronic pain in multiple locations, scapular neuralgia, cervical degenerative disc disease, prolonged depression, migraine headaches and obesity. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, medications and work restrictions. Currently, the injured worker continues to report left shoulder and elbow pain, left lower back pain radiating down to the knee and bilateral knee pain. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 6, 2015, revealed continued pain as noted. There was no visual analog scale (VAS) to rate the pain intensity. Medications including Avinza, Clonazepam, Cyclobenzaprine, Dilaudid and Norco were continued. Evaluation on June 2, 2015, revealed continued pain as noted. No VAS to rate the pain was included. Evaluation on June 30, 2015, revealed continued, widespread pain. Avinza 120mg #30 per 06/20/15 order, Clonazepam, Cyclobenzaprine 5mg #90 per 6/20/15 order, Dilaudid 4mg #120 per 06/20/15 order and Norco 10/325mg #180 per 6/20/15 order were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 120mg #30 per 06/20/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

Decision rationale: According to the California (CA) MTUS Guidelines Avinza is an opioid analgesic recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose is used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use, and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was not indicated in the documentation if use of the prescribed opioid medication decreased the level of pain the injured worker reported from one visit to the next. There were no ongoing visual analog scales (VAS) to compare the intensity of the pain medication from one visit to the next. In addition, there was no noted functional improvement or improved pain noted during the duration of the prescription for Avinza. The requested treatment: Avinza 120mg #30 per 06/20/15 order is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

Dilaudid 4mg #120 per 06/20/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

Decision rationale: According to the California (CA) MTUS Guidelines Dilaudid is an opioid analgesic recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose is used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was unclear in the documentation if use of the prescribed opioid medication decreased the level of pain the injured worker reported from one visit to the next. There were no visual analog scales (VAS) included in the pain management assessments to compare the intensity of the pain from one visit to the next. In addition, there was

no noted functional improvement or improved pain noted during the duration of the prescription for Dilaudid. For these reasons, the request for Dilaudid 4mg #120 per 06/20/15 order is not medically necessary.

Norco 10/325mg #180 per 6/20/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

Decision rationale: According to the California (CA) MTUS Guidelines Norco is a short-acting opioid recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose is used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. There were no visual analog scales (VAS) provided in the pain management evaluations to compare the efficacy of the pain medication from one visit to the next. In addition, there was no noted functional improvement or improved pain noted during the duration of the prescription for Norco. The requested treatment: Norco 10/325mg #180 per 6/20/15 order is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

Clonazepam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the California (CA) MTUS Guidelines, benzodiazepines are not recommended for long-term use. The long-term efficacy is unproven and increases the risk of dependency. It was noted the injured worker had chronic pain and had been treated for months with pain medications and muscle relaxants. There were no complete ongoing pain assessments noted in the documentation with visual analog scales (VAS) to compare the intensity of pain from one visit to the next. There was no documentation of Clonazepam providing benefit to the beneficiary and no goals explaining the intention of short-term use. Furthermore, there was no indication of the amount or dose of medication in the requested treatments. The requested treatment: Clonazepam is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

Cyclobenzaprine 5mg #90 per 6/20/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to California (CA) MTUS Guidelines Cyclobenzaprine (Flexeril) is a second line treatment secondary to high risk of adverse events. Flexeril is recommended for short-term use and to treat acute exacerbations or flare-ups. It was reported the injured worker had been using this medication for months with no noted improvement in function or the ability to perform activities of daily living and no noted decrease in pain frequency or intensity noted. The request for Cyclobenzaprine 5mg #90 per 6/20/15 order is not medically necessary.