

<b>Case Number:</b>	CM15-0167307		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	11/17/2003
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 44 year old female sustained an industrial injury to the low back on 11-17-03. Documentation did not disclose previous treatment or recent magnetic resonance imaging. In the only documentation submitted for review, a PR-2 dated 3-18-15, the injured worker complained of pain to the low back with radiation to the buttocks and bilateral legs, rated 9 out of 10 on the visual analog scale without medications and 5 to 7 out of 10 with medications. The injured worker was worried and anxious because Kadian had been denied. The physician stated that the injured worker was very functional on Kadian. The injured worker reported benefit from her current medication regimen including Kadian, Naproxen Sodium, Omeprazole, Tizanidine, Neurontin and Fluoxetine. The physician noted that medications provided functional benefits including decreased pain levels that allowed her to take care of her children, grocery shop, cook meals and perform activities of daily living independently. Physical exam was remarkable for tenderness to palpation over the lower lumbar paraspinal musculature with spasms, positive straight leg raise bilaterally, decreased Achilles reflexes, 5 out of 5 lower extremity strength and decreased sensation to bilateral legs. The injured worker ambulated with a slow heel to toe progression. Current diagnoses included lumbar discogenic pain, lumbar degenerative disc disease, chronic low back pain, bilateral L5 chronic radiculopathy, lumbar myofascial pain, chronic pain syndrome, depression and gastroesophageal reflux disease. The injured worker had a history of a bleeding ulcer. The physician noted that the injured worker had failed Norco, Tylenol #3, Percocet, Fentanyl, Opana, Nucynta and several non-steroidal anti-inflammatory agents as well as several muscle relaxers and neuropathic and antidepressant medications. The

treatment plan consisted of continuing medication management with a trial of MS Contin and refilling medications (Fluoxetine, Omeprazole, Naproxen Sodium, Colace, Tizanidine and Gabapentin).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Kadian 20mg #120:** 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): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this

medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

**Prozac 20mg #60:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, prozac.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of depression. The patient has the documented diagnosis of depression. Therefore, the request is medically necessary.