MAXIMUS Federal Services

Case Number:	CM15-0167353		
Date Assigned:	09/08/2015	Date of Injury:	07/28/2008
Decision Date:	10/07/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	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 35-year-old female sustained an industrial injury to the neck and low back on 7-28-08. Magnetic resonance imaging lumbar spine (10-1-14) showed degenerative disc disease with facet arthropathy and retrolisthesis at L3-4 and L5-S1, canal stenosis at L3-4 and L4-5 and neural foraminal narrowing at L4-5 and L5-S1. Magnetic resonance imaging cervical spine (10-2-14) showed reversal of cervical lordosis with retrolisthesis at C5-6, left neural foraminal narrowing at C3-4 and mild canal stenosis at C5-6. Previous treatment included microlumbar discectomy at bilateral L5-S1 (11-25-14), chiropractic therapy, acupuncture, epidural steroid injections, medial branch blocks, rhizotomy, home exercise and medications. In a PR-4 dated 7-24-15, the injured worker complained of increasing low back pain with radiation to the left lower extremity, rated 9 out of 10 on the visual analog scale and neck pain with radiation to bilateral upper extremities, rated 7 to 8 out of 10. The injured worker stated that she walked for exercise but had been unable to for the past two weeks. The injured worker reported having difficulty sleeping and stated that she got two to three hours sleep per night. Physical exam was remarkable for cervical spine and lumbar spine with tenderness to palpation and spasms, decreased lumbar range of motion, decreased sensation at the right C6, C8, left L5 and right L4 and L5 distributions, decreased upper and lower extremity strength, mild hyperreflexia in bilateral upper extremities, decreased reflexes in bilateral lower extremities and positive bilateral straight leg raise and slump test. Current diagnoses included status post microlumbar decompressive surgery. The treatment plan consisted of continuing medications (Norco and Soma), a pain management follow-up and a medication panel to monitor and control the injured worker's medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

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: 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 dairy 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. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was on opioids at the time of request and therefore the request is medically warranted.