

Case Number:	CM15-0183163		
Date Assigned:	09/24/2015	Date of Injury:	02/08/2007
Decision Date:	11/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old male who sustained an industrial injury 02-08-07. A review of the medical records reveals the injured worker is undergoing treatment for lumbar-lumbosacral disc degeneration, lumbago, low back pain, lumbar facet syndrome, and lumbar disc disorder. Medical records (04-30-15 through 06-25-15) reveal the injured worker rates his back pain at 10/10 without medications and 6/10 with medications. This is worsened from 03-05-15 when he rated his pain at 9/10 without medications and 5/10 with medications. The medication regimen was unchanged from 03-05-15 to 06-25-15 except for the addition of the Trazadone on 03-05-15. The physical exam (06-25-15) reveals limited range of motion to the lumbar spine, as well as tenderness to palpation of the lumbar spine, which is unchanged from 03-05-15. Prior treatment includes medications, massage therapy, epidural steroid injections physical therapy, aqua therapy, medial facet blocks, and medial branch rhizotomies. The treating provider reports the lumbar spine MRI from 07-25-14 shows multiple disc protrusions as well as mild ventral canal and neural foraminal narrowing. The original utilization review (08-14-15) non certified the request for Kadian 30 mg #100 with 1 refill, Norco 10/325 #210 with 1 refill, and Trazadone 50 mg #60 with 3 refills. The documentation supports that the injured worker has been on Norco and Kadian at the same dosages since at least 04-30-15, and Trazadone was started on 04-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 30mg #100 with 1 refill: 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, criteria for use, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: Based on the 04/30/15 progress report provided by treating physician, the patient presents with lower backache. The patient is status post right hip arthroscopic acetabuloplasty and right knee arthroscopy on unspecified dates. The request is for Kadian 30mg #100 with 1 refill. Physical examination of the lumbar spine on 06/25/15 revealed tenderness to palpation and limited range of motion. Treatment to date has included imaging studies, labs, injections, medial branch rhizotomies, massage therapy, aqua therapy, and medications. Patient's medications include Norco, Kadian, Trazodone and Flexeril. The patient is permanent and stationary, however "working as an instructor," per 06/25/15 report. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Patient's diagnosis per Request for Authorization form dated 03/17/15, 04/30/15, and 08/27/15 includes lumbar disc disorder, lumbar facet syndrome, low back pain, lumbago, and lumbar lumbosacral disc disease. It is not known when this medication was initiated. Per 06/25/15 report, patient's pain is rated 6/10 with and 10/10 without medications. Treater continues to state "The patient is stable on current medication regimen and has not changed essential regimen in greater than six months. Function and activities of daily living improved optimally on current doses of medications. Pain agreement briefly reviewed with the patient." Per 06/25/15 report, treater states "06/24/14 CURES appropriate" and "11/10/11 Urine Tox WNL." In this case, treater has addressed analgesia with numeric scales and the patient is working, which demonstrates functional improvement. However, there are no current UDS's provided and no discussion on aberrant behavior. Treater has addressed some, but not all the required 4A's to warrant continuation of this opioid medication. Furthermore, the patient is concurrently prescribed Kadian and Norco. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances, which have not been discussed.

Furthermore, MTUS does not clearly support chronic opiate use for the patient's chief complaint of chronic low back pain. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Norco 10-325mg #210 with 1 refill: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 04/30/15 progress report provided by treating physician, the patient presents with lower backache. The patient is status post right hip arthroscopic acetabuloplasty and right knee arthroscopy on unspecified dates. The request is for Norco 10-325mg #210 with 1 refill. Physical examination of the lumbar spine on 06/25/15 revealed tenderness to palpation and limited range of motion. Treatment to date has included imaging studies, labs, injections, medial branch rhizotomies, massage therapy, aqua therapy, and medications. Patient's medications include Norco, Kadian, Trazodone and Flexeril. The patient is permanent and stationary, however "working as an instructor," per 06/25/15 report. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Patient's diagnosis per Request for Authorization form dated 03/17/15, 04/30/15, and 08/27/15 includes lumbar disc disorder, lumbar facet syndrome, low back pain, lumbago, and lumbar lumbosacral disc disease. It is not known when this medication was initiated. Per 06/25/15 report, patient's pain is rated 6/10 with and 10/10 without medications. Treater continues to state "The patient is stable on current medication regimen and has not changed essential regimen in greater than six months. Function and activities of daily living improved optimally on current doses of medications. Pain agreement briefly reviewed with the patient." Per 06/25/15 report, treater states "06/24/14 CURES appropriate" and "11/10/11 Urine Tox WNL." In this case, treater has addressed analgesia with numeric scales and the patient is working, which demonstrates functional improvement. However, there are no

current UDS's provided and no discussion on aberrant behavior. Treater has addressed some, but not all the required 4A's to warrant continuation of this opioid medication. Furthermore, the patient is concurrently prescribed Kadian and Norco. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances, which have not been discussed. Furthermore, MTUS does not clearly support chronic opiate use for the patient's chief complaint of chronic low back pain. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Trazadone 50mg #60 with 3 refills: Overturned

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): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress/mental chapter under Trazodone.

Decision rationale: Based on the 04/30/15 progress report provided by treating physician, the patient presents with lower backache. The patient is status post right hip arthroscopic acetabuloplasty and right knee arthroscopy on unspecified dates. The request is for Trazadone 50mg #60 with 3 refills. Physical examination of the lumbar spine on 06/25/15 revealed tenderness to palpation and limited range of motion. Treatment to date has included imaging studies, labs, injections, medial branch rhizotomies, massage therapy, aqua therapy, and medications. Patient's medications include Norco, Kadian, Trazodone and Flexeril. The patient is permanent and stationary, however "working as an instructor," per 06/25/15 report. MTUS Guidelines, Antidepressants for chronic pain section, pages 13-15: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." ODG Guidelines, stress/mental chapter under Trazodone, has the following to say "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." Patient's diagnosis per Request for Authorization form dated 03/17/15, 04/30/15, and 08/27/15 includes lumbar disc disorder, lumbar facet syndrome, low back pain, lumbago, and lumbar lumbosacral disc disease. It is not known when this medication was initiated. Per 06/25/15 report, treater states "Take 1-2 at bedtime as needed." Treater continues to state "The patient is stable on current medication regimen and has not changed essential regimen in greater than six months. Function and activities of daily living improved optimally on current doses of medications. Pain agreement briefly reviewed with the patient. Quality of sleep is fair." Given the guideline support for this medication for complaints of this nature, and the documentation of medication efficacy provided, continuation is substantiated. Therefore, the request is medically necessary.