

Case Number:	CM15-0184353		
Date Assigned:	09/24/2015	Date of Injury:	01/23/2008
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/18/2015

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 50 year old male, who sustained an industrial injury on 1-23-08. The injured worker is being treated for chronic myofascial pain syndrome of thoracolumbar spine, intractable lumbosacral radiculopathy, abnormal (MRI) magnetic resonance imaging lumbar spine showing 7mm and 5mm disc protrusion, morbid obesity and sleep disorder. Treatment to date has included lumbar epidural steroid injections, trigger point injections, oral medications including Oxycodone 60mg, Tramadol (for at least 6 months), Roxicodone 30mg (for at least 6 months), Norco 10-325mg (for at least 6 months), Ambien 10mg (for at least 6 months), Ultram ER 150mg (for at least 6 months) and Neurontin 600mg (for at least 6 months); physical therapy, acupuncture, activity modifications and home exercise program. On 7-29-15, the injured worker complains of pain and numbness in bilateral lower extremities as well as constant, intractable upper and lower back pain rated 10 out of 10 at times; he notes greater than 70-80% improvement in overall pain and ability to function with current medications, which reduce his pain to 2 out of 10. He complains of feeling moderately depressed and has difficulty sleeping without medications. Physical exam on 7-29-15 revealed moderately restricted range of motion of thoracic and lumbar spine with multiple myofascial trigger points and taut bands throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles. Decreased sensation is also noticed in the toes of the left foot with decreased dorsiflexion in the right foot. The treatment plan included prescriptions for MS Contin 30mg #60, Oxycodone 30mg #120, Ambien 10mg #30, Tramadol HCL ER 150mg #90, Gabapentin 500mg #90 and

Wellbutrin SR 150mg #60. On 8-26-15 a request for Oxycodone 30mg #60 and Tramadol HCL ER 105mg #60 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30 mg #60: 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 07/29/15 progress report provided by treating physician, the patient presents with upper and lower back pain with numbness in the bilateral lower extremities, rated 10/10 without medications. The request is for MS Contin 30 mg #60. RFA's dated 07/02/15 and 07/30/15 provided. Patient's diagnosis on 07/29/15 includes chronic myofascial pain syndrome of thoracolumbar spine, intractable lumbosacral radiculopathy, abnormal (MRI) magnetic resonance imaging lumbar spine showing 7mm and 5mm disc protrusion, morbid obesity and sleep disorder. Physical exam on 07/29/15 revealed taut bands throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles. Range of motion of thoracic and lumbar spines were restricted with multiple myofascial trigger points. Decreased sensation noted in the toes of the left foot with decreased dorsiflexion in the right foot. Treatment to date has included imaging studies, physical therapy, acupuncture, ESI's, trigger point injections, activity modifications, home exercise program and medications. The patient is currently receiving SSDI benefits, per 07/29/15 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." Per 07/29/15 report, treater states the patient "has been getting greater than 70-80% improvement in both his overall pain and ability to function with his current medications, which are reducing his pain to 2/10 and allowing him to perform activities of daily living with greater ease, such as standing, bending, lifting, bathing, cooking, sleeping and socializing...Significant intolerable side

effects to the prescribed medication(s) are not seen in this patient... There is no documented abuse, diversion, or hoarding of the prescribed medication and there is no evidence of illicit drug use." UDS's dated 03/19/15, 09/21/15, and 09/30/15 were provided. In this case, treater has addressed analgesia, aberrant behavior, adverse effects and provided some examples of ADL's in discussing the 4A's. However, while the treater discusses some specific ADL's, it is not known that the patient would be unable to self-care based on the condition provided. Furthermore, treater is concurrently requesting Oxycodone and Tramadol. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. In addition, MTUS does not clearly support chronic opiate use for the patient's chief complaint of chronic low back pain and radiculopathy. Moreover, per 02/11/15 report, treater states "D/C MS Contin, no t effective." There is no discussion as to why treater is requesting a medication that has not been effective in the past. Therefore, the request IS NOT medically necessary.

Oxycodone 30 mg #60: 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 07/29/15 progress report provided by treating physician, the patient presents with upper and lower back pain with numbness in the bilateral lower extremities, rated 10/10 without medications. The request is for Oxycodone 30 MG #60. RFA's dated 07/02/15 and 07/30/15 provided. Patient's diagnosis on 07/29/15 includes chronic myofascial pain syndrome of thoracolumbar spine, intractable lumbosacral radiculopathy, abnormal (MRI) magnetic resonance imaging lumbar spine showing 7mm and 5mm disc protrusion, morbid obesity and sleep disorder. Physical exam on 07/29/15 revealed taut bands throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles. Range of motion of thoracic and lumbar spines were restricted with multiple myofascial trigger points. Decreased sensation noted in the toes of the left foot with decreased dorsiflexion in the right foot. Treatment to date has included imaging studies, physical therapy, acupuncture, ESI's, trigger point injections, activity modifications, home exercise program and medications. The patient is currently receiving SSDI benefits, per 07/29/15 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." Oxycodone has been included in patient's medication's, per progress reports dated 02/11/15, 04/29/15 and 07/29/15. It is not known when this medication was initiated. Per 07/29/15 report, treater states the patient "has been getting greater than 70-80% improvement in both his overall pain and ability to function with his current medications, which are reducing his pain to 2/10 and allowing him to perform activities of daily living with greater ease, such as standing, bending, lifting, bathing, cooking, sleeping and socializing...Significant intolerable side effects to the prescribed medication(s) are not seen in this patient... There is no documented abuse, diversion, or hoarding of the prescribed medication and there is no evidence of illicit drug use." UDS's dated 03/19/15, 09/21/15, and 09/30/15 were provided. In this case, treater has addressed analgesia, aberrant behavior, adverse effects and provided some examples of ADL's in discussing the 4A's. However, while the treater discusses some specific ADL's, it is not known that the patient would be unable to self-care based on the condition provided. Furthermore, treater is concurrently requesting MS Contin and Tramadol. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. In addition, MTUS does not clearly support chronic opiate use for the patient's chief complaint of chronic low back pain and radiculopathy. Therefore, the request IS NOT medically necessary.

Tramadol HCL ER 150 mg #60: 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 07/29/15 progress report provided by treating physician, the patient presents with upper and lower back pain with numbness in the bilateral lower extremities, rated 10/10 without medications. The request is for Tramadol HCL ER 150 MG #60. RFA's dated 07/02/15 and 07/30/15 provided. Patient's diagnosis on 07/29/15 includes chronic myofascial pain syndrome of thoracolumbar spine, intractable lumbosacral radiculopathy, abnormal (MRI) magnetic resonance imaging lumbar spine showing 7mm and 5mm disc protrusion, morbid obesity and sleep disorder. Physical exam on 07/29/15 revealed taut bands throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles. Range of motion of thoracic and lumbar spines were restricted with multiple myofascial trigger points. Decreased sensation noted in the toes of the left foot with decreased dorsiflexion in the right foot. Treatment to date has included imaging studies, physical therapy, acupuncture, ESI's, trigger point injections, activity modifications, home exercise program and medications. The patient is currently receiving SSDI benefits, per 07/29/15 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." Tramadol has been included in patient's medication's, per progress reports dated 02/11/15, 04/29/15 and 07/29/15. It is not known when this medication was initiated. Per 07/29/15 report, treater states the patient "has been getting greater than 70-80% improvement in both his overall pain and ability to function with his current medications, which are reducing his pain to 2/10 and allowing him to perform activities of daily living with greater ease, such as standing, bending, lifting, bathing, cooking, sleeping and socializing...Significant intolerable side effects to the prescribed medication(s) are not seen in this patient... There is no documented abuse, diversion, or hoarding of the prescribed medication and there is no evidence of illicit drug use." UDS's dated 03/19/15, 09/21/15, and 09/30/15 were provided. In this case, treater has addressed analgesia, aberrant behavior, adverse effects and provided some examples of ADL's in discussing the 4A's. However, while the treater discusses some specific ADL's, it is not known that the patient would be unable to self-care based on the condition provided. Furthermore, treater is concurrently requesting MS Contin and Oxycontin. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. In addition, MTUS does not clearly support chronic opiate use for the patient's chief complaint of chronic low back pain and radiculopathy. Therefore, the request IS NOT medically necessary.