

Case Number:	CM15-0189813		
Date Assigned:	10/02/2015	Date of Injury:	02/08/2001
Decision Date:	11/16/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/28/2015

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 52 year old male who sustained an industrial injury February 8, 2001. Past history included January 5, 2015; L3-4 and L4-5 revision decompression, L4-5 fusion revision and hardware removal. According to a treating physician's progress report dated September 17, 2015, the injured worker presented with complaints of low back pain and quality of sleep as fair. He rated his pain 6 out of 10 with medication and 9 out of 10 without medication. Current medication included Lidoderm 5% Patch, Neurontin, Percocet, Trazodone, and MS Contin. A 12 drug urine toxicology notation is documented in this office visit as; "see results". There are no current results, reports or further documentation present in this medical record for review. A physician's notation listed; 08-23-2010 urine drug screen positive for opiates; 12-17-2009 urine drug screen positive for oxycodone, opiates, and THC (tetrahydrocannabinol). The physician documented that the injured worker is stable on current medication regimen and has not changed essential regimen in greater than six months. Objective findings included; slowed wide-based gait; lumbar spine-range of motion restricted with flexion limited to 40 degrees by pain, extension 10 degrees by pain; muscle tenderness, spasms and tight band noted bilaterally; cannot heel toe walk; straight leg raise is positive on the right seated at 50 degrees; light touch is decreased over lower extremities, bilaterally. Diagnoses are spinal-lumbar degenerative disc disease; low back pain. Treatment plan included working with another physician with repeat x-rays and pending referral to pain management psychologist for evaluation. At issue, is the request for authorization for MS Contin, Percocet, and Trazodone. According to utilization

review dated September 24, 2015, the requests for MS Contin ER 15mg #120, Percocet 10-325mg #180, and Trazodone 100mg #60 with (2) refills are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin ER 15mg #120: 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: The patient was injured on 02/08/01 and presents with lower back pain and right leg pain. The request is for MS Contin ER 15 mg #120. There is no RFA provided and the patient is not currently working as of 07/29/15. The patient has been taking this medication as early as 04/02/15 and treatment reports are provided from 04/02/15 to 07/29/15. 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." The 06/25/15 and 08/20/15 reports indicated that the patient rated his pain as a 6/10 with medications and a 10/10 without medications. "No new problems or side-effects." The 07/23/15 report states that the patient has a "04/17/14 CURES: consistent and appropriate. 8/23/10 UDS pos OPI." The 09/17/15 report states that the patient rated his pain as a 6/10 with medications and a 9/10 without medications. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy and no outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Furthermore, guidelines do not recommend long term use of opiates for low back pain and the patient has been taking this medication as early as 04/02/15. Therefore, the request for MS Contin is not medically necessary.

Percocet 10/325mg #180: 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: The patient was injured on 02/08/01 and presents with lower back pain and right leg pain. The request is for Percocet 10/325 mg #180. There is no RFA provided and the patient is not currently working as of 07/29/15. The patient has been taking this medication as early as 04/02/15 and treatment reports are provided from 04/02/15 to 07/29/15. 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." The 06/25/15 and 08/20/15 reports indicated that the patient rated his pain as a 6/10 with medications and a 10/10 without medications. "No new problems or side-effects." The 07/23/15 report states that the patient has a "04/17/14 CURES: consistent and appropriate. 8/23/10 UDS pos OPI." The 09/17/15 report states that the patient rated his pain as a 6/10 with medications and a 9/10 without medications. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy and no outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Furthermore, guidelines do not recommend long term use of opiates for low back pain and the patient has been taking this medication as early as 04/02/15. Therefore, the request for Percocet is not medically necessary.

Trazodone 100mg #60 with 2 refills: 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): Antidepressants for chronic pain.

Decision rationale: The patient was injured on 02/08/01 and presents with lower back pain and right leg pain. The request is for Trazodone 100 mg #60 with 2 refills. There is no RFA provided and the patient is not currently working as of 07/29/15. The patient has been taking this medication as early as 04/02/15. MTUS Guidelines, Antidepressants for Chronic Pain section, pages 13-15 states, "Recommended as a first-line option for neuropathic pain, and has 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 few days to a week, whereas antidepressant effect takes longer to occur." Trazodone is also used for insomnia, and ODG supports it if insomnia and depression are documented. The patient has poor quality of sleep, a slowed wide-based gait, a restricted lumbar spine range of motion, muscle tenderness, spasms and tight bands, is unable to heel toe walk, a positive straight leg raise, and decreased light touch over lower extremities. He is diagnosed with spinal-lumbar degenerative disc disease and low back pain. The 06/25/15 and 08/20/15 reports indicated that the patient rated his pain as a 6/10 with medications and a 10/10 without medications. The 09/17/15 report states that the patient rated his pain as a 6/10 with medications and a 9/10 without medications. The treater does not specifically discuss efficacy of Trazodone on the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Trazodone is not medically necessary.