

Case Number:	CM15-0201134		
Date Assigned:	10/16/2015	Date of Injury:	02/23/2011
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 46 year old male, who sustained an industrial injury on February 23, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having C3-4 disc degeneration, C3-4 facet arthropathy, C6 spinous process fracture, bilateral carpal tunnel syndrome, L5-S1 facet arthropathy, L4-S1 disc degeneration, right leg radiculopathy, bilateral shoulder impingement syndrome, AC joint arthritis, status post left carpal tunnel release, status post L4-S1 anterior-posterior fusion with cage and instrumentation, short left transtibial amputation on the left, lumbar foraminal stenosis, degenerative lumbar spondylosis, anterior fixation of L4 L5 S1, laminectomy at L4-5, broad based disc bulge at L2-3, broad based disc bulge at L3-4, broad based disc bulge at L4-5 and broad based disc bulge at L5-S1. Treatment to date has included diagnostic studies, injections, physical therapy, surgery and medication. Treatment with MS Contin and Percocet medications were noted in the medical records reviewed dating back to March 18, 2015. On September 10, 2105, the injured worker complained of ongoing difficulty with pain in his neck, shoulders, bilateral upper extremities, across the low back and in the right lower leg from the knee to the foot. His symptoms include pain, spasms, numbness and tingling. On the day of exam, he rated his pain as a 5 on a 1-10 pain scale. Over the prior month to the date of exam, his highest level of pain was rated as an 8 and lowest level of pain was rated a 4 on the pain scale. Notes stated that he begins to experience relief within 60 minutes of taking medication. Without medication, he is limited to 5 minutes of walking, 10 minutes of sitting, 5 minutes of standing, restless sleep, cannot sustain activity and 10 minutes of typing or writing. With medication, he is able to walk

for 1-2 hours, sit for 30 minutes, stand for 20-25 minutes, sleep for 6 hours at a time, sustain activity for 1-3 hours, type or write for 1-3 hours and spends most of his day out of bed. On the day of exam, his current medications were listed as Zanaflex, ibuprofen, Xanax, Percocet and MS Contin. The treatment plan included prescriptions for MS Contin and Percocet. On September 29, 2015, utilization review denied a request for MS Contin 60mg #90 and Percocet 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60 MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend 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. Opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. It also states that a major concern about the use of opioids for chronic pain is that most randomized-controlled trials are limited to a short-term period (1 to 6 months), with high rates of dropout due to adverse effects and/or lack of efficacy (as high as 60%). Studies usually exclude patients with mental health disease or substance abuse, limiting generalizability. Methodological issues result in limitations, with problems of studies including insufficiently comprehensive outcome assessment, and incomplete inclusion of adverse effects. Results suggest modest pain relief compared to placebo (approximately 30%), but there are no long-term studies to determine if pain relief is maintained. Overall, the safety of long-term use has not been adequately studied, and some nonrandomized prospective studies suggest opioid treatment may actually retard functional recovery. This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 86, it is recommended that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Based upon the records reviewed

there is insufficient evidence to support chronic use of narcotics. In this case the worker is taking 225 MED daily, based on the note from 9/10/15, which exceeds the recommended 120 MED maximum. The injured workers pain seem to be increasing with an average pain score of 4 on 7/15/15 and 5 on 9/10/15. The guidelines do not provide sufficient evidence to support the efficacy of long term opioids for the treatment of non-malignant pain. Therefore the criteria set forth in the guideline have not been met and the request is not medically necessary.

Percocet 10/325 MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend 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. Opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. It also states that a major concern about the use of opioids for chronic pain is that most randomized-controlled trials are limited to a short-term period (1 to 6 months), with high rates of dropout due to adverse effects and/or lack of efficacy (as high as 60%). Studies usually exclude patients with mental health disease or substance abuse, limiting generalizability. Methodological issues result in limitations, with problems of studies including insufficiently comprehensive outcome assessment, and incomplete inclusion of adverse effects. Results suggest modest pain relief compared to placebo (approximately 30%), but there are no long-term studies to determine if pain relief is maintained. Overall, the safety of long-term use has not been adequately studied, and some nonrandomized prospective studies suggest opioid treatment may actually retard functional recovery. This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 86, it is recommended that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case the worker is taking 225

MED daily, based on the note from 9/10/15, which exceeds the recommended 120 MED maximum. The injured workers pain seem to be increasing with an average pain score of 4 on 7/15/15 and 5 on 9/10/15. The guidelines do not provide sufficient evidence to support the efficacy of long term opioids for the treatment of non-malignant pain. Therefore the criteria set forth in the guideline have not been met and the request is not medically necessary.