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| Case Number: | CM15-0201778 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 07/02/2003 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 10/05/2015 |
| 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: California, Oregon, Washington
 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 55 year old male, who sustained an industrial injury on 7-2-2003. The medical records indicate that the injured worker is undergoing treatment for neck pain, cervical degenerative disc disease, cervical radiculopathy, failed cervical and lumbar back surgery syndrome, low back pain, lumbar radiculopathy, lumbar degenerative disc disease, myofascial pain syndrome, and depression. According to the progress report dated 9-22-2015, the injured worker presented with complaints of ongoing low back and neck pain. He notes some improvement in his neck pain. The treating physician states that the "current medications help him approximately 50% with respect to his pain and functional level". The level of pain is not rated. The physical examination of the cervical spine reveals tenderness to palpation over the paraspinal muscles, limited range of motion, decreased sensation in the bilateral C6 dermatomal distribution, and positive Spurling's, cervical distraction, and axial compression tests bilaterally. Examination of the lumbar spine reveals antalgic gait, tenderness to palpation over the paraspinal muscles, decreased sensation in the bilateral L5 dermatomal distribution, and mildly positive straight leg-raising test bilaterally. The current medications are Percocet, MS Contin (since at least 4-6-2015), Neurontin, Colace, Amitiza, and Cymbalta. Previous diagnostic studies were not indicated. Treatments to date include medication management, home exercise program, and surgical intervention. Work status is described as permanent and stationary. The original utilization review (10-5-2015) partially approved a request for MS Contin 30mg #60 with no refills (original request was for #60 with 2 refills) and Percocet 10-325mg #55 with no refills (original request was for #120 with 2 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

MScontin 30mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. 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. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 9/22/15. Therefore, the request is not medically necessary.

Percocet 10/325mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. 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. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 9/22/15. Therefore, the request is not medically necessary.