

Case Number:	CM15-0201809		
Date Assigned:	10/16/2015	Date of Injury:	11/12/2002
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia,
 Maryland Certification(s)/Specialty: Anesthesiology, Pain
 Management

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 57 year old male, who sustained an industrial injury on 11-12-02. The documentation on 9-11-15 noted that the injured worker has complaints of low back pain that radiates down the bilateral lower extremities and complaints of upper extremity and left shoulder pain. The pain is rated as 3 out of 10 in intensity on average with medications since last visit and 8 out of 10 in intensity of average without medications since last visit. The injured worker reports chronic gastroesophageal reflux disease related to medications associated gastrointestinal upset. The injured worker reports ongoing activities of daily living limitation due to pain in the following areas activity, ambulation, sleep and sex. Cervical examination revealed spasm noted and bilaterally in the paraspinous muscles and spinal vertebral tenderness noted in the cervical spine C5-7. There was occipital tenderness upon palpation bilaterally. The range of motion of the cervical spine was severely limited due to pain and pain was significantly increased with flexion, extension and rotation. Lumbar spine examination revealed spasm in the bilateral paraspinous musculature. The range of motion of the lumbar spine was moderately limited secondary to pain. The pain was significantly increased with extension. Sensory exam shows decreased sensitivity to touch along the L5-S1 (sacroiliac) dermatome in bilateral lower extremities. Straight leg raise while seated position was positive on the left for radicular pain at 70 degrees. Range of motion of the left shoulder decreased 90 degrees. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. A Controlled Substance Utilization Review and Evaluation System obtained 11-7-14 revealed no inconsistencies noted. Treatment to date has included spinal cord stimulation is helpful and home exercise program.

The documentation noted tried and failed medications in the past included Ambien; Fentanyl Patch; MS Contin; Norco; Nucynta; Vicodin ES and Zantac. The injured worker reports 50 percent improvement due to his current medications of Butrans patch; Norco; Omeprazole and Tizanidine. The documentation noted that Norco was under current medications and the tried and failed medications. The original utilization review (10-2-15) non-certified the request for Norco 10-325mg #120. The request for Butrans 20mcg an hour #4 was modified to Butrans patch 20mcg an hour #2. The request for retrospective 1 urine drug screen (date of service 9-11-15) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors." These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records reveals no documentation to support the medical necessity of Norco or any documentation addressing the "4 A's" domains, which is a recommended practice for the ongoing management of opioids." Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 8/18/15 was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.

Butrans 20mcg/hr #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Buprenorphine for opioid dependence.

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

Decision rationale: With regard to Buprenorphine, the MTUS CPMTG states: "recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa-receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor)." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Butrans nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 8/18/15 was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.

Retrospective: 1 urine drug screen (DOS 9/11/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

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

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. Per MTUS CPMTG p87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use:

(a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress" (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication.3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues.4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources." Per the medical records submitted for review, the injured worker underwent UDS 8/2015 with no evidence of aberrant behavior. As the injured worker does not demonstrate any indicators, nor is there any documentation of aberrant behavior, the request is not medically necessary.