

Case Number:	CM15-0021151		
Date Assigned:	02/10/2015	Date of Injury:	08/02/1979
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/03/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine

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 66 year-old male who has reported neck and back pain after an injury on 8/2/79. The diagnoses included chronic neck and back pain. Recent treatment consists of pain medications. The current primary treating physician has seen the injured worker periodically during 2014-2015. Non-specific pain relief was reported with medications as a group. All of the medications now under Independent Medical Review have been prescribed chronically. The reports do not adequately address function. The injured worker is stated to be retired. The reports do not provide patient-specific results for any of the medications. Per the PR2 of 1/8/15 there was ongoing neck and back pain, with non-specific pain relief with medications. The urine drug screen of 10/23/14 was positive for hydrocodone, gabapentin, and THC; and negative for oxycodone, fentanyl, and Soma. On 1/16/15 Utilization Review partially-certified Senekot-S, and non-certified Miralax, Lidoderm, Soma, Neurontin, Percocet, Norco, Fentora, one urinalysis, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch quantity 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 57.

Decision rationale: The MTUS recommends Lidoderm only for localized peripheral neuropathic pain after trials of "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica." The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that he has failed the recommended oral medications. Specific functional benefit for this medication was not described. Lidoderm is not medically necessary based on the MTUS.

Senekot-S quantity 120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference (PDR)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy [with opioids] (d) Prophylactic treatment of constipation should be initial.

Decision rationale: The treating physician has provided no indications for laxatives beyond the use of opioids. As the opioids are not medically necessary, the laxatives are also not medically necessary.

Miralax; quantity not indicated: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference (PDR)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy [with opioids] (d) Prophylactic treatment of constipation should be initial.

Decision rationale: The treating physician has provided no indications for laxatives beyond the use of opioids. As the opioids are not medically necessary, the laxatives are also not medically necessary.

Soma quantity 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, Carisoprodol (Soma) Page(s): 29,63-66.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for over a year. The quantity prescribed implies long term use, not a short period of use for acute pain. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Soma was not present in the urine drug screen, and this was not addressed by the physician. Per the MTUS, carisoprodol is categorically not recommended for chronic pain. Note its habituating and abuse potential. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Neurontin 100mg quantity 150 with refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs. Medication trials Page(s): 16-22, 60.

Decision rationale: Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the antiepileptic drugs (AEDs) used to date. Note the criteria for a 'good' response per the MTUS. Gabapentin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.

Percocet 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction Indications, Chronic back pain Mec.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. There is no random testing as is recommended in guidelines. Although the urine drug

screens to date have not been performed according to sufficiently rigorous quality criteria, the results that are available reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. The results of the urine drug screen were positive for tetrahydrocannabinol (THC) and negative for Soma, fentanyl, and oxycodone. These results are inconsistent with the prescribed opioids, indicating misuse of opioids, use of other psychoactive substances, ingestion of illicit substances, and evidence that the patient is not taking the prescribed opioids. The treating physician did not adequately address these results. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Norco 10/325mg quantity 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOpioid management, Opioids, steps to avoid misuse/addictionIndications, Chronic back painMe.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. There is no random testing as is recommended in guidelines. Although the urine drug screens to date have not been performed according to sufficiently rigorous quality criteria, the results that are available reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. The results of the urine drug screen were positive for THC and negative for Soma, fentanyl, and oxycodone. These results are inconsistent with the prescribed opioids, indicating misuse of opioids, use of other psychoactive substances, ingestion of illicit substances, and evidence that the patient is not taking the prescribed opioids. The treating physician did not adequately address these results. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Fentora 100mcg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mec. Decision based on Non-MTUS Citation Pain chapter, fentanyl

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. There is no random testing as is recommended in guidelines. Although the urine drug screens to date have not been performed according to sufficiently rigorous quality criteria, the results that are available reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. The results of the urine drug screen were positive for THC and negative for Soma, fentanyl, and oxycodone. These results are inconsistent with the prescribed opioids, indicating misuse of opioids, use of other psychoactive substances, ingestion of illicit substances, and evidence that the patient is not taking the prescribed opioids. The treating physician did not adequately address these results. The MTUS recommends against transmucosal fentanyl for musculoskeletal pain. The Official Disability Guidelines recommend against fentanyl for musculoskeletal pain. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

One urinalysis: 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), Treatment Index, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction. Urine drug screen to assess for th. Decision based on Non-MTUS Citation Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use. Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens.

Decision rationale: This test is presumed to be a urine drug screen. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS, as noted above. And as noted above, there is a prior failed drug screen which was not adequately addressed by the treating physician. The test last performed included many unnecessary tests, as many drugs with no apparent relevance for this patient were assayed. The

collection procedure was not specified. The MTUS recommends random drug testing, not at office visits. The details of testing have not been provided. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, unnecessary testing, and improper utilization of test results. These issues have not been adequately addressed. Given that the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program in accordance with the MTUS, and that there are outstanding questions regarding the testing process, the urine drug screen is not medically necessary.

Cymbalta 20mg quantity 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Antidepressants for chronic pain. SNRIs (serotonin noradrenaline).

Decision rationale: If there were to be an indication for an antidepressant for chronic pain in this case, a TCA would be the first choice (see the MTUS citations). Per the MTUS, antidepressants like Cymbalta may be indicated for some kinds of chronic pain. When prescribed, the MTUS gives clear direction for outcome measurements, including functional improvement (see pages 13 and 60 of the citations above). No medical reports show specific symptomatic and functional benefit. Cymbalta is not medically necessary based on the MTUS, and lack of benefit.