

Case Number:	CM15-0022788		
Date Assigned:	02/12/2015	Date of Injury:	09/11/2000
Decision Date:	04/10/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/06/2015

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 55-year-old male, who sustained an industrial injury reported on 9/11/2000 due to being crushed by a crane. Diagnoses have included multiple fractures including tibial shaft and mid-shaft femur fractures, lumbar spinal stenosis, medical meniscus tear of the left knee, decreased libido, and psychiatric issues, repeat left inguinal hernia repair (12/2009). He has reported ongoing low back pain, knee, hip and ankle pain. Treatments/diagnostics to date have included multiple surgeries (noted as 22-25 in number over 10 years), physical therapy, consultations, diagnostic urine and imaging studies, electromyogram (EMG) studies of the bilateral lower extremities (11/14/11), and medications. EMG of the lower extremities showed diffuse axonal loss and polyneuropathy. On 12/30/14, it was noted that pain level without medication was 10/10 and with medication 4/10 in severity. With medications, the injured worker was able to do some activities such as cooking, cleaning, laundering, and light yard work. Medications were noted to help him carry out activities of daily living (ADLs) and improve overall quality of life. It was noted that a random urine drug screen on 6/4/14 was consistent, that the CURES report did not note receiving narcotics from any other providers, and that there was a signed pain agreement on file. Although the urine drug screen of 6/4/14 was noted to be a random drug screen, it was performed on the day of an office visit. Examination on 11/14/14 showed good range of motion of the knees, and a slight limp. It was noted that the injured worker needed a cane to assist in ambulation. MS contin, Percocet, and Neurontin have been prescribed since at least 2013, and more recent reports from June through December 2014 note ongoing prescription of these medications. The work status classification for this injured worker was

noted to be on future medical benefits. No return to work was documented. On 1/24/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/30/2014, for MS Contin 60mg, #90, do not dispense (DND) until 1/8/15; and MS Contin 60mg, #90, DND until 2/8/15, percocet 10/325 #120 DND until 1/16/15, Percocet 10/325 #120 DND until 2/16/15, colace 100 mg #120 with 2 refills an 1 urine drug screen. UR modified a request for Neurontin 800 mg #90 with 2 refills to #21. The Medical Treatment Utilization Schedule was cited by UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg, #90 (DND until 1/8/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): p. 74-96.

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, and opioid contract. There should be a prior failure of non-opioid therapy. The physician did document that a signed pain agreement was on file, and one urine drug screen was mentioned as discussed below, however there was no documentation of functional goals or return to work. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. 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 states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Opioids including this requested medication have been prescribed for years. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. It was noted that medications allow the injured worker to perform some activities of daily living, but specific results of use of this medication in particular were not discussed. No return to work or reduction in medication use was documented, and office visits have continued at the same frequency for the last 6 months. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. One urine drug screen performed at an office visit was noted to be consistent, but specific results were not provided. The MTUS recommends random drug testing, not at office visits as has occurred in this case. As currently prescribed, MS Contin 60mg, #90 (DND until 1/8/15) does not meet the

criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

MS Contin 60mg, #90 (DND until 2/8/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): p. 74-96.

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, and opioid contract. There should be a prior failure of non-opioid therapy. The physician did document that a signed pain agreement was on file, and one recent urine drug screen was mentioned as discussed below, however there was no documentation of functional goals or return to work. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. 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 states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Opioids including this requested medication have been prescribed for years. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. It was noted that medications allow the injured worker to perform some activities of daily living, but specific results of use of this medication in particular were not discussed. No return to work or reduction in medication use was documented, and office visits have continued at the same frequency for the last 6 months. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. One urine drug screen performed at an office visit was noted to be consistent, but specific results were not provided. The MTUS recommends random drug testing, not at office visits as has occurred in this case. As currently prescribed, MS Contin 60mg, #90 (DND until 2/8/15) does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Percocet 10/325mg #120 (DND until 1/16/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): p. 74-96.

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, and opioid contract. There should be a prior failure of non-opioid therapy. The physician did document that a signed pain agreement was on file, and one urine drug screen was mentioned as discussed below, however there was no documentation of functional goals or return to work. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. 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 states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Opioids including this requested medication have been prescribed for years. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. It was noted that medications allow the injured worker to perform some activities of daily living, but specific results of use of this medication in particular were not discussed. No return to work or reduction in medication use was documented, and office visits have continued at the same frequency for the last 6 months. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. One urine drug screen performed at an office visit was noted to be consistent, but specific results were not provided. The MTUS recommends random drug testing, not at office visits as has occurred in this case. As currently prescribed, Percocet 10/325mg #120 (DND until 1/16/15) does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary.

Percocet 10/325mg, #120 (DND until 2/16/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines p. 74-96.

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, and opioid contract. There should be a prior failure of non-opioid therapy. The physician did document that a signed pain agreement was on file, and one urine drug screen was mentioned as discussed below, however there was no documentation of functional goals or return to work. Per the MTUS, opioids are minimally

indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. 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 states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Opioids including this requested medication have been prescribed for years. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. It was noted that medications allow the injured worker to perform some activities of daily living, but specific results of use of this medication in particular were not discussed. No return to work or reduction in medication use was documented, and office visits have continued at the same frequency for the last 6 months. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. One urine drug screen performed at an office visit was noted to be consistent, but specific results were not provided. The MTUS recommends random drug testing, not at office visits as has occurred in this case. As currently prescribed, Percocet 10/325mg #120 (DND until 2/16/15) does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Neurontin 800mg, #90 with 2 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 anticonvulsants (antiepilepsy drugs (AEDs)) Page(s): p. 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. The MTUS notes the lack of evidence for treatment of radiculopathy. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The electromyogram testing did show evidence of polyneuropathy. However, gabapentin has been prescribed for years, as far back as 2008 and more recently in 2013 and 2014, without documentation of functional benefit as a result of use. It was noted that medications allow the injured worker to perform some activities of daily living, but specific results of use of this medication in particular were not discussed. No return to work or reduction in medication use was documented, and office visits have continued at the same frequency for the last 6 months. Due to lack of documentation of functional improvement, the request for Neurontin 800mg, #90 with 2 refills is not medically necessary.

Colace 100mg, #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation McKay St., Fravel M, Scanion C. Management of constipation, Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core: 2009 Oct. 51 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines initiating therapy [with opioids] Page(s): p. 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: opioid induced constipation treatment.

Decision rationale: The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Although laxatives are indicated when opioids are prescribed, the opioids are not medically necessary in this case. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary if opioids are not prescribed. The request for Colace 100mg, #120 with 2 refills is not medically necessary.

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiotes, steps to avoid misuse/addiction, Substance abuse (tolerance, dependence, addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94 Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. One urine drug screen performed at an office visit was noted to be consistent, but specific results were not provided. The MTUS recommends random drug testing, not at office visits as has occurred in this case. No risk assessment for addiction/aberrant behavior was documented at recent office visits, which would be needed to determine frequency of testing. In addition, as the opioids requested have been found to be not medically necessary, further urine drug screening is not medically necessary. As such, the request for 1 urine drug screen is not medically necessary.

