

Case Number:	CM15-0215644		
Date Assigned:	11/05/2015	Date of Injury:	10/20/1994
Decision Date:	12/21/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained an industrial injury on 10-20-1994. Medical records indicate the worker is undergoing treatment for multi-level lumbar disc disease, lumbar facet syndrome and narcotic surveillance. A recent progress report dated 10-22-2015, reported the injured worker complained of returning upper thigh and hip pain rated 5-9 out of 10. Physical examination revealed pain in the lumbar 2-4 facets and right sacroiliac joint, positive right straight leg raise test and right sided weakness with plantar flexion. Treatment to date has included Rhizotomies that provided significant relief (pain 2 out of 10) in 2014, physical therapy, Trazodone (since at least 3-12-2015) and Morphine Sulfate (since at least 3-12-2015). The physician is requesting urine drug screen, Trazodone 100mg #120 and MSER (morphine sulfate extended release) 20mg #180. On 10-29-2015, the Utilization Review noncertified the request for urine drug screen, Trazodone 100mg #120 and MSER (morphine sulfate extended release) 20mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Pain (Chronic), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: Based on the 10/22/15 progress report provided by the treating physician, this patient presents with back pain, upper thigh and right-sided hip pain rated 5-9/10 with medications. The treater has asked for Urine toxicology screen on 10/22/15. The patient's diagnoses per request for authorization dated 10/26/15 are back symptoms, lumbar facet syndrome, and lumbar disc disease. The patient is s/p rhizotomy from 10/29/14 with significant relief that brought his pain down to 2/10, but the pain has now returned per 10/22/15 report. The patient has been in withdrawal as of 10/22/15 report. The patient is able to exercise (walking) and is better able to do household chores per 8/25/15 report. As of the 10/22/15 report, the patient is permanent and stationary and has remained permanent and stationary since the 4/9/15 report, which is the earliest, included in the documentation. MTUS, Drug Testing Section, page 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." The treater does not discuss this request in the reports provided. The treater has not provided the patient's risk assessment. Given the patient is undergoing opioid therapy, the request would appear to be indicated. Utilization review letter dated 10/29/15 denies the request citing that the candidate is not a candidate for Morphine Sulfate and therefore, a urine drug screen is not indicated. However, ODG recommends urine drug screens on a yearly basis if the patient is at low risk. As there is no indication of a prior UDS from per review of reports, this request is medically necessary.

Trazodone 100mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Insomnia.

Decision rationale: Based on the 10/22/15 progress report provided by the treating physician, this patient presents with back pain, upper thigh and right-sided hip pain rated 5-9/10 with medications. The treater has asked for Trazodone 100mg #120 on 10/22/15. The patient's diagnoses per request for authorization dated 10/26/15 are back symptoms, lumbar facet syndrome, and lumbar disc disease. The patient is s/p rhizotomy from 10/29/14 with significant

relief that brought his pain down to 2/10, but the pain has now returned per 10/22/15 report. The patient has been in withdrawal as of 10/22/15 report. The patient is able to exercise (walking) and is better able to do household chores per 8/25/15 report. As of the 10/22/15 report, the patient is permanent and stationary and has remained permanent and stationary since the 4/9/15 report, which is the earliest, included in the documentation. MTUS Guidelines, Antidepressants for chronic pain section, pages 13-15: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. ODG-TWC, Pain Chapter, under Insomnia: Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The treater states that use of Trazodone is "leaving him feeling more rested in the AM" and that "he sleeps best with Trazodone at his current dose of 100mg #120" per requesting 10/22/15 report. This patient has been prescribed Trazodone as early as the 4/9/15 report, and in subsequent reports dated 5/5/15, 6/30/15, and 8/25/15. This patient presents with chronic back pain, sleep disturbance secondary to pain, depression, and intermittent suicidal ideation. Utilization review letter dated 10/29/15 denies the request due to lack of documentation of efficacy. Considering the documentation of its effectiveness in aiding the patient's sleep, as well as the documentation of coexisting depression, the request for continuation of Trazodone appears reasonable and in accordance with guideline recommendations. Hence, the request is medically necessary.

MSER (morphine sulfate extended release) 20mg #180: Upheld

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

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

Decision rationale: Based on the 10/22/15 progress report provided by the treating physician, this patient presents with back pain, upper thigh and right-sided hip pain rated 5-9/10 with medications. The treater has asked for MSER (morphine sulfate extended release) 20mg #180 on 10/22/15. The patient's diagnoses per request for authorization dated 10/26/15 are back symptoms, lumbar facet syndrome, and lumbar disc disease. The patient is s/p rhizotomy from 10/29/14 with significant relief that brought his pain down to 2/10, but the pain has now returned per 10/22/15 report. The patient has been in withdrawal as of 10/22/15 report. The patient is able to exercise (walking) and is better able to do household chores per 8/25/15 report. As of the 10/22/15 report, the patient is permanent and stationary and has remained permanent and stationary since the 4/9/15 report which is the earliest included in the documentation. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for use of Opioids Section, page 77, states that "function

should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for chronic pain Section, pages 80 and 81 states that "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not discuss this request in the reports provided. The patient has been taking Morphine Sulfate since 4/9/15 and in subsequent reports dated 5/5/15, 6/30/15, and 8/25/15. The treater does state that "current dose MSER 20mg up to 2 day #60, medication helps him to be active and functional" according to the requesting 10/22/15 report. MTUS requires appropriate discussion of all the 4 A's; however, in addressing the 4 A's, the treater does not provide specific examples of how this medication significantly improves the patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request is not medically necessary.