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Case Number:	CM15-0030740		
Date Assigned:	02/24/2015	Date of Injury:	12/21/2012
Decision Date:	04/09/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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 32-year-old male, who sustained an industrial injury reported on 12/21/2012. He has reported constant, aching, radiating low back pain. The diagnoses were noted to have included lumbar radiculopathy; chronic pain syndrome; and post-laminectomy syndrome. Treatments to date have included consultations; diagnostic urine and imaging studies; lumbar laminectomy and fusion of thoracic 10 - lumbar 2; physical therapy; and medication management. The work status classification for this injured worker (IW) was not noted. On 2/6/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/6/2015, for Percocet 10/325mg by mouth, 4 x a day as needed for breakthrough pain, #120; MS Contin 100mg by mouth, every 12 hours, #60; Mobic 15mg by mouth, daily for pain and inflammation, #30; and Senakot-S 8.6mg, 2 tabs by mouth 2 x a day, #120. The Medical Treatment Utilization Schedule, chronic pain medical treatment, chronic low back pain, opioids, ongoing management & weaning, non-steroidal anti-inflammatory drugs, meloxicam, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 PO QID PRN #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93, 78-80, 124, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: According to the 01/06/2015 report, this patient presents with low back pain. The current request is for Percocet 10/325 PO QID PRN #120. This medication was first mentioned in the 06/24/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not included in the file for review. The patient's work status is "per primary treating physician." For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. The medical reports provided for review indicate standing and walking make the pain worse. Resting, sitting and medication make the pain better. "Patient states that without taking pain medication the pain level would be 8/10 and taking pain medication the pain level goes down to a 4/10." The patient pain level is 6/10. "Percocet and Ms Contin have been helping with the back pain that he is able to work full-time efficiently. Patient denies any new allergies, new medication or new medical treatment." UDS is obtained. In this case, the treating physician has document analgesia, ADL's, adverse effects and adverse behavior as required by MTUS. The request IS medically necessary.

Mobic 15mg PO QD for pain and Inflammation #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67,68,72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: According to the 01/06/2015 report, this patient presents with low back pain. The current request is for Mobic 15mg PO QD for pain and Inflammation #30. This medication was first mentioned in the 06/24/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not included in the file for review. The patient's work status is "per primary treating physician." The MTUS Guidelines page 22 state the following regarding NSAIDs, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The medical reports provided for review indicate "Patient states that taking Mobic has been helping with pain on legs." In this case, the treating physician has documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

Senekot-s 8.6-50mg 2 tabs PO BID #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: According to the 01/06/2015 report, this patient presents with low back pain. The current request is for Senekot-s 8.6-50mg 2 tabs PO BID #120 and this medication was first mentioned in this report. The request for authorization is not included in the file for review. The patient's work status is "per primary treating physician." Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. In this case, the treating physician is requesting constipation medication in anticipation of side effects to opioid therapy, which is reasonable and within MTUS guidelines. The current request IS medically necessary.

MS Contin 100mg PO Q12 hours #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93, 78-80, 124, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: According to the 01/06/2015 report, this patient presents with low back pain. The current request is for MS Contin 100mg PO Q12 hours #60. This medication was first mentioned in the 11/26/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not included in the file for review. The patient's work status is "per primary treating physician." For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. The medical reports provided for review indicate standing and walking make the pain worse. Resting, sitting and medication make the pain better. "Patient states that without taking pain medication the pain level would be 8/10 and taking pain medication the pain level goes down to a 4/10." The patient pain level is 6/10. "Percocet and Ms Contin have been helping with the back pain that he is able to work full-time efficiently. Patient denies any new allergies, new medication or new medical treatment." UDS is obtained. In this case, the treating physician has document analgesia, ADL's, adverse effects and adverse behavior as required by MTUS. The request IS medically necessary.