

Case Number:	CM15-0031925		
Date Assigned:	02/25/2015	Date of Injury:	11/30/2004
Decision Date:	04/14/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/20/2015

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, Hawaii
 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 61 year old male who sustained a work related injury on November 30, 2004. There was no mechanism of injury documented. The injured worker is status post L4-L5 and L5-S1 fusion in 1995, L1-L2, L2-L3 and L3-L4 interbody fusion in 2006, spinal cord stimulator (SCS) placement in 2008 and removal of spinal cord stimulator (SCS) in 2010. The injured worker was diagnosed with right lower extremity radiculopathy, status post lumbar fusions, and right knee sprain/strain. According to the primary treating physician's progress report on February 4, 2015 the injured worker underwent a lumbar epidural steroid injection (ESI) on November 20, 2014 which provided 60-70% relief. The patient is more active in his activities of daily living with epidural steroid injection (ESI) injections and averaging approximately 4-5 months of 60% benefit after each administration. Current medications are listed as Norco, Valium, MS Contin, LidoPro, Fexmid, OxyContin, Protonix and Zolof. The injured worker is under the care of a clinical psychologist. He is to continue home exercise program. The treating physician requested authorization for Norco 10/325mg tablet, Qty: 180 no refills; MS Contin 30mg tablet, Qty: 120 no refills; Protonix 30mg tablet, Qty: 30 no refills; Valium 10mg tablet, Qty: 90 no refills; Zolof 100mg tablet, Qty: 30 no refills; Fexmid 7.5mg tablet, Qty: 60 no refills; LidoPro (Capsaicin/lidocaine/menthol/menthyl salicylate), (unspecified usage), TID, no refills and OxyContin 80mg tablet, Qty: 30, 1 tab PO, 0 refills for management of chronic cervical and lumbar pain. On February 20, 2015 the Utilization Review denied certification for Norco 10/325mg tablet, Qty: 180 no refills; MS Contin 30mg tablet, Qty: 120 no refills; Protonix 30mg tablet, Qty: 30 no refills; Valium 10mg tablet, Qty: 90 no refills; Zolof

100mg tablet, Qty: 30 no refills; Fexmid 7.5mg tablet, Qty: 60 no refills; LidoPro (Capsaicin/lidocaine/menthol/menthyl salicylate), (unspecified usage), TID, no refills and OxyContin 80mg tablet, Qty: 30, 1 tab PO, 0 refills for management of chronic cervical and lumbar pain. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tablet, Qty: 180 no refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with pain affecting the lower back and right knee. The current request is for Norco 10/325 mg tablet, Qty: 180 no refills. The treating physician states, The patient feels the combination of MS Contin q.i.d. with Norco 4-6 tablets a day provides 30 to 40% pain relief for up to 8 hours at a time, increases his ability to perform ADLs. We routinely review, and the patient must demonstrate, improved functional restoration, ADLs, sleep patterns, elevated mood, quality of life, and ability to RTW in order to continue each medication listed below. The patient is routinely monitored for at risk behavior with random urine drug screens, CURES review, and the patient has recently signed an opioid treatment contract. (35B) The treating physician also documented that the patient's urine drug screen have been consistent with the prescribed medication. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The patient has remained consistent with urine drug screening and the patient has reduced his Norco intake. The current request is medically necessary and the recommendation is for authorization.

MS Contin 30mg tablet, Qty: 120 no refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with pain affecting the lower back and right knee. The current request is for MS Contin 30 mg tablet, Qty: 120 no refills. The treating physician states, The patient feels the combination of MS Contin q.i.d. with Norco 4-6 tablets a day provides 30 to 40% pain relief for up to 8 hours at a time, increases his ability to perform ADLs. We routinely review, and the patient must demonstrate, improved functional restoration, ADL's, sleep patterns, elevated mood, quality of life, and ability to RTW in order to continue each medication listed below. The patient is routinely monitored for at risk behavior with random urine drug screens, CURES review, and the patient has recently signed an opioid treatment contract. (35B) The treating physician also documented that the patient's urine drug screen have been consistent with the prescribed medication. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The patient has remained consistent with urine drug screening. The current request is medically necessary and the recommendation is for authorization.

Protonix 30mg tablet, Qty: 30 no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy Page(s): 68-69.

Decision rationale: The patient presents with pain affecting the lower back and right knee. The current request is for: Protonix 30 mg tablet, Qty: 30 no refills. The treating physician states, The patient gets medication-induced gastritis and occasionally GERD unless he uses Protonix on a regular basis. (35B) The MTUS guidelines state Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, the treating physician has not documented that the patient is currently taking an NSAID medication. The current request is not medically necessary and the recommendation is for denial.

Valium 10mg tablet, Qty: 90 no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with pain affecting the lower back and right knee. The current request is for Valium 10 mg tablet, Qty: 90 no refills. The treating physician states, He gets significant anxiety for which he has been using Valium for years. He takes 2-3 tablets a day in addition to Zoloft 100mg daily. (35B) The MTUS guidelines state, not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, the treating physician has been prescribing this medication since at least August 2014 (131B) which would exceed the recommended guideline of 4 weeks. The current request is not medically necessary and the recommendation is for denial.

Zoloft 100mg tablet, Qty: 30 no refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The patient presents with pain affecting the lower back and right knee. The current request is for Zoloft 100mg tablet, Qty: 30 no refills. The treating physician states, He gets significant anxiety for which he has been using Valium for years. He takes 2-3 tablets a day in addition to Zoloft 100mg daily. (35B) The MTUS guidelines state, Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, the treating physician has documented that the patient has anxiety and that Zoloft has been beneficial. The current request is medically necessary and the recommendation is for authorization.

Lidopro (Capsaicin/lidocaines/menthol/menthyl salicylate), (unspecified usage), TID, no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain affecting the lower back and right knee. The current request is for Zoloft 100mg tablet, Qty: 30 no refills. The treating physician states, He gets significant anxiety for which he has been using Valium for years. He takes 2-3 tablets a day in addition to Zoloft 100mg daily. (35B) The MTUS guidelines state, Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, the treating physician has documented that the patient has anxiety and that Zoloft has been beneficial. The current request is medically necessary and the recommendation is for authorization.

Fexmid 7.5mg tablet, Qty: 60 no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The patient presents with pain affecting the lower back and right knee. The current request is for Fexmid 7.5 mg tablet, Qty: 60 no refills. The treating physician states, occasionally, he requires Fexmid when he has significant muscle spasms which mostly occur at night. (35B) The MTUS guidelines state, Recommended for a short course of therapy. Dosing: 5 mg three times a day can be increased to 10 mg three times a day. This medication is not recommended to be used for longer than 2-3 weeks. In this case, the treating physician has been prescribing this medication since at least August 2014 (131B) which would exceed the recommended guideline of 2-3 weeks. The current request is not medically necessary and the recommendation is for denial.

Oxycotin 80mg tablet, Qty: 30, 1 tab PO, 0 refills; for management of chronic cervical and lumbar pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with pain affecting the lower back and right knee. The current request is for Oxycotin 80 mg tablet, Qty 30 1 tab PO, 0 refills; for management of chronic cervical and lumbar pain. The treating physician states, very occasionally, he requires an Oxycontin 80 mg tablets when his pain is very bad. He receives a prescription for 30 tablets about twice a year. We routinely review, and the patient must demonstrate, improved functional restoration, ADL's, sleep patterns, elevated mood, quality of life, and ability to RTW in order to continue each medication listed below. The patient is routinely monitored for at risk behavior with random urine drug screens, CURES review, and the patient has recently signed an opioid treatment contract. (35B) the treating physician also documented that the patient's urine drug screen have been consistent with the prescribed medication. (35B) for chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The patient has remained consistent with urine drug screening. The current request is medically necessary and the recommendation is for authorization.