

Case Number:	CM15-0033716		
Date Assigned:	02/27/2015	Date of Injury:	09/17/2010
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 35 year old female, who sustained a work/ industrial injury on 9/17/10. She has reported symptoms of low back pain with spasms that radiate with numbness. The diagnoses have included lumbosacral disc bulge, abdominal adhesions from low back surgery. Treatments to date included medication, surgery, facet blocks, and home physical therapy program. Diagnostics included Magnetic Resonance Imaging (MRI) of the lumbar spine that reported post surgical changes, lumbar spondylosis at L1-2 and L2-3 discs, L2-3 mild degenerative retrolisthesis of L2 on L3 with 2.5 mm posterocentral and left paracentral disc protrusion. Medications included Toradol, Vitamin B-12, Nucynta, Percocet, and Xanax. The treating physician's report (PR-2) from 1/5/15 indicated continued back pain with spasm and radiation and numbness. There were also issues with insomnia and abdominal pain due to adhesions from prior back surgery. Examination revealed a healed surgical scar, mild spasm, increased pain with motion, paraspinal tenderness increased on the right side. Straight leg rest was positive bilaterally. There was decreased flexion and extension and lateral bending. There was normal motor strength, decreased sensation throughout the bilateral feet, worse on the right. A request was made for pain management, gastrointestinal consultation, and medication. On 2/6/15, Utilization Review non-certified Exalgo 12mg #60; Percocet 10/325mg #60; Xanax 1mg #90, citing the California Medical treatment Utilization Schedule (MTUS), ACOEM Guidelines. On 2/6/15, Utilization Review non-certified a Pain management consultation; Nucynta ER 100mg #60, citing the Non- MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Pain management consultation is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The ODG states that need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the rationale for a pain management consultation and how this would change the management of this patient. Without this rationale the request for a pain management consult is not medically necessary.

Exalgo 12mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) - Exalgo (hydromorphone).

Decision rationale: Exalgo 12mg #60 is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that Exalgo (hydromorphone) is a once-a-day extended release opioid formulation for the management of moderate to severe pain in opioid-tolerant patients requiring continuous, around-the-clock opioid analgesia for an extended period of time, with an FDA black box warning, and is not recommended as a first line drug is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS supports monitoring the 4 A's for Ongoing Monitoring: (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation submitted reveals no evidence of regular monitoring

of the 4 A's for prescribing opioids. Also the documentation reveals that the patient has been on opioids without significant functional improvement therefore the request for Exalgo is not medically necessary.

Nucynta ER 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Nucynta (Tapentadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Nucynta ER 100mg #60 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS supports monitoring the 4 A's for Ongoing Monitoring: (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation submitted reveals no evidence of regular monitoring of the 4 A's for prescribing opioids. Also the documentation reveals that the patient has been on opioids without significant functional improvement therefore the request for Nucynta is not medically necessary.

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Percocet 10/325mg #60 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS supports monitoring the 4 A's for Ongoing Monitoring: (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation submitted reveals no evidence of regular monitoring

of the 4 A's for prescribing opioids. Also the documentation reveals that the patient has been on opioids without significant functional improvement therefore the request for Percocet is not medically necessary.

Xanax 1mg #90: Upheld

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

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

Decision rationale: Xanax 1mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that benzodiazepines are 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Xanax longer than the recommended 4 weeks (since August of 2014). The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations. The request for Xanax is not medically necessary.