

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0051725 | | |
| Date Assigned: | 03/25/2015 | Date of Injury: | 12/21/2012 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/02/2015 |
| Priority: | Standard | Application Received: | 03/19/2015 |

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: 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 32-year-old male who has reported low back pain after a motor vehicle accident on December 21, 2012. The diagnoses include lumbar radiculopathy, chronic pain syndrome and post-laminectomy pain syndrome. Treatment to date has included a fusion surgery in 2013, medications, psychiatric evaluation and physical therapy. A psychiatric agreed medical examination (AME) on 10/13/14 states that the injured worker was working as a car salesman for 4 months in 2014, and last worked on 10/3/14. The treating pain management physician reports are approximately monthly during 2014-2015. Opioids and non-steroidal anti-inflammatory agents (NSAIDs) were prescribed chronically. There are no descriptions of specific functional abilities and no description of work activities. There are no vital signs. There are no records of any blood tests. On 11/26/14 OxyContin was stopped and MS Contin was started. Celebrex was stopped and Mobic was started. These changes were in response to "P2P" decisions. All reports refer to "consistent" urine drug screen results, although no actual results with dates of testing are presented. On 10/3/14 a urine drug screen was reportedly collected at the office visit. The reports of 7/31/14 and 9/4/14 state that the injured worker denied any functional improvement with medications. A drug test report of 10/3/14 was negative for all substances assayed, including "opiates". A drug test report from an office visit of 1/6/14 was negative for all substances, including oxycodone and opiates. No reports discuss these test results. Per the report of February 16, 2015, there was low back and leg pain, 5/10 with medications, 7-8/10 without. Medications allow unspecified increases in function. The treatment plan included medication refills. There was no formal work status but the injured

worker was stated to be working full-time on modified duties. On 3/2/15 Utilization Review non-certified Percocet, MS Contin, Mobic, and Senokot. Note was made that prescribing of opioids was not in compliance with the MTUS recommendations. The MTUS 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 mg by mouth 4 times daily as needed #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is insufficient 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, opioid contract, and there should be a prior failure of non-opioid therapy. Drug testing is not random, as it occurs at office visits only. Although the urine drug screens to date have not been performed according to sufficiently rigorous quality criteria, the results that are available reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. The results of the two urine drug screen were negative for opiates and oxycodone. These results are inconsistent with the prescribed opioids, indicating misuse of opioids, and evidence that the patient is not taking the prescribed opioids. Opioids are not medically necessary when there is evidence of inappropriate intake of opioids or other psychoactive substances. The treating physician did not address these results other than stating in a stereotyped manner that drug test results were consistent. The treating physician has not addressed work status specifically but has stated in a stereotyped fashion that the injured worker was working full-time on modified work. The AME, who performed a detailed work history, noted that the injured worker had not worked since early October 2014. The reported working status appears to be incorrect, therefore. This fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The AME also noted a long unemployed period prior to July 2014. None of the treating physician reports address function in any objective or measurable manner. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. The request IS NOT medically necessary.

Mobic 15 mg by mouth once a day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 38, 70, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.NSAIDs for Back Pain - Acute exacerbations of chronic pain.Back Pain - Chronic low back pain.NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Some of the reports state that the injured worker denies any functional improvement with medications. As noted above, it appears doubtful that there is any actual return to work over the last few months. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The only report mentioning blood pressure is the psychiatric AME, who mentioned a high blood pressure reading at the time of the initial accident. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The MTUS does not recommend NSAIDs chronically, only for flares. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings. The request IS NOT medically necessary.

Senokot-s tablets by mouth twice daily #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy [with opioids] (d) Prophylactic treatment of constipation should be initiated Page(s): 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 medically necessary. As such, the request for Senokot-s is not medically necessary.

MS Conton 100 mg #60 every 12 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials Page(s): 77-81, 97, 80, 81, 60.

Decision rationale: There is insufficient 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, opioid contract, and there should be a prior failure of non-opioid therapy. Drug testing is not random, as it occurs at office visits only. Although the urine drug screens to date have not been performed according to sufficiently rigorous quality criteria, the results that are available reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. The results of the two urine drug screen were negative for opiates and oxycodone. These results are inconsistent with the prescribed opioids, indicating misuse of opioids, and evidence that the patient is not taking the prescribed opioids. Opioids are not medically necessary when there is evidence of inappropriate intake of opioids or other psychoactive substances. The treating physician did not address these results other than stating in a stereotyped manner that drug test results were consistent. The treating physician has not addressed work status specifically but has stated in a stereotyped fashion that the injured worker was working full-time on modified work. The AME, who performed a detailed work history, noted that the injured worker had not worked since early October 2014. The reported working status appears to be incorrect, therefore. This fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The AME also noted a long unemployed period prior to July 2014. None of the treating physician reports address function in any objective or measurable manner. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. The request IS NOT medically necessary.