

Case Number:	CM14-0136910		
Date Assigned:	10/09/2014	Date of Injury:	06/08/1994
Decision Date:	11/10/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61 year old female with an injury date of 06/08/94. The 08/12/14 progress report by [REDACTED] states that the patient presents with lower back pain radiating into the lower extremities worse on the right and radiating to the neck. Pain is rated 9/10. The report notes that the patient is disabled. The patient's gait is antalgic with weakness and she presents in a wheel chair. Lumbar/Sacral exam reveals well healed midline incision and surgical back scar with tenderness right leg, and right straight leg raise pain. There is bilateral lumbar spasm. The patient's diagnoses include: -Poslaminectomy syndrome lumbar region-Lumbosacral spondylosis without myelopathy-Degeneration Lumbar/Lumbosacral intervertebral disc-Cervical spondylosis without myelopathy-Pain in thoracic spine-Thoracic/lumbosacral neuritis/radiculitis unspecified-Unspecified myalgia and myositis-Unspecified neuralgia neuritis and radiculitis-Unspecified heredit&idiopathic peripheral neuropathy-Abdominal pain unspecified site. Current medications are listed as, Duragesic, Opana, Tegaderm, Skelaxin, Lyrica, Flector, Voltaren 1% gel, Viibryd, Cymbalta, Trazodone, Clonazepam Wellbutrin, Ambien, Budeprion, Nexium, Zofram, Miralax, Vimovo, Magnesium Dr, Klor-Con, Bisac-Evac, Januvia, Glyburide, Levothyroxime, Furosemide, Lisinopril, Humulin, Atenolol, Imipramine, Tegederm Metformin and Linzess. The utilization review being challenged is dated 08/19/14. The rationale regarding the urine drug test is that the request appears to be a duplicate. Reports were provided from 02/2/5/14 to 09/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

IT test: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Implantable drug-delivery Page(s): 53.

Decision rationale: The patient presents with lower back pain radiating to the lower extremities and neck rated 9/10. The treating physician requests for a decision for IT test dose. The request for authorization is dated 08/06/14. The 08/19/14 utilization review states, "The provider submitted another request for IT test dose, this appears to be a duplicate request and therefore not medically necessary." MTUS page 53 Indications for Implantable drug-delivery systems: has the following in the pain section, which states, Indications for implantable drug delivery system when it is used for the treatment of non-malignant pain with a duration of greater than six months and all of the following criteria are met:" 1. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; and 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and 3. Further surgical intervention or other treatment is not indicated or likely to be effective; and 4. Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity; and 5. No contraindications to implantation exist such as sepsis or coagulopathy; and 6. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinial) infusion pumps is considered medically necessary only when criteria 1-5 above are met. The reports provided show the treating physician comments on 05/30/14 that they are awaiting authorization of an ITP implant and that the patient has received psychological clearance. On 08/12/14 the treating physician states the patient has yet to receive authorization for the IT test dose. The patient is post laminectomy syndrome lumbar region and she underwent a Caudal ESI on 06/23/14 for L4 through S1. The reports provided do not discuss the benefit of this procedure to the patient. The 08/12/14 report states the patient's previous interventional treatment include cervical epidural injections and medication management. The patient has diagnoses of pathology related to pain. Pain was rated 8.5/10 on 02/25/14 and 9/10 on 08/12/14. There is no discussion in the reports provided of planned surgery for this patient, and the treating physician states psychological clearance has been received. There is no diagnosis or discussion of sepsis or coagulopathy. The request is medically necessary and appropriate.

Duragesic-100 100 mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS 60,61)CRITERIA FOR USE OF OPIOIDS (MTUS pgs 88, 89)CRITER.

Decision rationale: The patient presents with lower back pain radiating to the lower extremities and neck rated 9/10. The treating physician requests for a decision for Duragesic-100 100 mg. (an opioid). The reports provided show that the patient has been using this medication since before 02/15/14. 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 4As (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."The reports provided show assessment of the patient's pain at each visit consistently rated 8/10 with medications and 10/10 without. The treating physician states on 08/12/14 that prescribed medications keep the patient functional and allow for increased mobility and tolerance of ADLs and home exercises. However, the treating physician does not document any other specific ADL's to show significant improvement. The reports show opiate management issues are discussed and document counseling of the patient on the risk of opioid use. On 03/03/14 the treating physician states the patient seems to be using the medications appropriately and responsibly. It is further stated "the risk benefit analysis is in favor of continuing with the current regimen." The treating physician also notes the offer to help the patient taper opioids at any time. A urine toxicology report is provided for 01/07/14 showing the presence of Fentanyl (Duralgesic). In this case, no specific ADLs other than home exercise are mentioned to show a significant change with use of this medication. Change from 10/10 to 8/10 does not appear significant enough to warrant continued use of long-term opiates. There are no documentation of outcome measures either. There is not sufficient documentation to support long-term opioid use as required by MTUS. The request is not medically necessary and appropriate.

Opana ER 40 mg XR12H: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with lower back pain radiating to the lower extremities and neck rated 9/10. The treating physician requests for a decision for Opana ER (Oxymorphone-an opioid) 40 mg X\$ 12h. The reports provided show the patient has been using these medications since before 02/25/14. 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 4As (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." The reports

provided show assessment of the patient's pain at each visit consistently rated 8/10 with medications and 10/10 without. The treating physician states on 08/12/14 that prescribed medications keep the patient functional and allow for increased mobility and tolerance of ADLs and home exercises. However, the treating physician does not specifically name this medication providing benefit to the patient. Opiate management issues are discussed. The reports show opiate management issues are discussed and document counseling of the patient on the risk of opioid use. On 03/03/14 the treating physician states the patient seems to be using the medications appropriately and responsibly. It is further stated "the risk benefit analysis is in favor of continuing with the current regimen." The treating physician also notes the offer to help the patient taper opioids at any time. A urine toxicology report is provided for 01/07/14 showing the presence of Oxymorphone. In this case, no specific ADLs other than home exercise are mentioned to show a significant change with use of this medication. There is not sufficient documentation to support long-term opioid use as required by MTUS. The request is not medically necessary and appropriate.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing

Decision rationale: The patient presents with lower back pain radiating to the lower extremities and neck rated 9/10. The treater requests for a decision for Urine drug screen. MTUS guidelines do not specify the frequency of UDS for risks of opiate users. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. The reports provided show the opioids Duragesic (Fentanyl) and Opana (Oxymorphone) continuously prescribed for the patient since before 02/25/14. The most recent urine drug screening report provided is dated 01/07/14 and the treater repeatedly discusses opiate management issues. In this case, urine drug screening for this patient seems reasonable. Recommendation is for authorization.