

Case Number:	CM14-0161330		
Date Assigned:	10/07/2014	Date of Injury:	10/13/2009
Decision Date:	11/07/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 60 year old who was injured on 10/13/2009. The diagnoses are low back pain, failed back syndrome, myofascial pain syndrome and depression. The patient completed PT in March 2014. The MRI of the lumbar spine showed degenerative disc disease and intact fusion. On 8/29/2014, [REDACTED] / [REDACTED] noted subjective complaints of pain score of 5-6/10 with medications and 9-10/10 without medications on a scale of 0 to 10. There was tenderness over the SI joints and lumbar spine. It was noted that there was a Pain Contract on file. The UDS was reported as consistent. The patient was being worked up for implantation of spinal cord stimulator. The medications are Celecoxib, MSContin, Norco and Neurontin for pain. The patient is also utilizing the following psychiatric medications- lorazepam, duloxetine, Wellbutrin and muscle relaxants baclofen and metaxolone. A Utilization Review determination was rendered on 9/12/2014 recommending non certification for MSContin 30mg #90, Norco 10/325mg #150 with 3 refills and Neurontin 300mg #180 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSContin 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, NSAIDs and PT Page(s): 74-96.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of chronic musculoskeletal pain that did not respond to treatment with standard NSAIDs and PT. Opioids can also be utilized for maintenance treatment when non opioid medications, co-analgesic and surgical options have been exhausted. The chronic use of high dose opioid medications is associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction and adverse interactions with sedatives and psychiatric medications. The records indicate that the patient is being evaluated for spinal cord stimulator. The patient is also utilizing multiple psychiatric medications and muscle relaxants. It is recommended that patients on high dose opioids and psychiatric medications should be referred to psychiatry or addiction medicine specialists for safe weaning. The criteria for the use of MScontins 30mg #90 was not met.

Norco 10/325mg #150 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PT. Opioids Page(s): 74-96.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of chronic musculoskeletal pain that did not respond to treatment with standard NSAIDs and PT. Opioids can also be utilized for maintenance treatment when non opioid medications, co-analgesic and surgical options have been exhausted. The chronic use of high dose opioid medications is associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction and adverse interactions with sedatives and psychiatric medications. The records indicate that the patient is being evaluated for spinal cord stimulator. The patient is also utilizing multiple psychiatric medications and muscle relaxants. It is recommended that patients on high dose opioids should be evaluated regularly for efficacy and functional restoration and not . The criteria for the use of Norco 10/325mg #150 3 refills was not met.

Neurontin 300mg #180 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, PT and surgery Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG recommend that anticonvulsants can be utilized for the management of chronic neuropathic pain. The records indicate that the patient

have completed treatment with NSAIDs, PT and surgery. The patient is being evaluated for spinal cord stimulator. The patient is also on multiple psychiatric medications and muscle relaxants. The patient reported pain relief with the use of the medications. There was no reported adverse effect. The criteria for the use of Neurontin 300mg #180 3 refills was met.