

Case Number:	CM14-0162069		
Date Assigned:	10/07/2014	Date of Injury:	04/23/2005
Decision Date:	11/12/2014	UR Denial Date:	09/14/2014
Priority:	Standard	Application Received:	10/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 72-year-old woman who sustained a work related injury on April 23, 2005. Subsequently, she developed chronic low back pain that radiates to the left lower extremity. The patient was status post bilateral L4-L5 and L5-S1 decompression and right sided L4-5 facet autograph fusion with noted temporary relief. The patient has completed a functional restoration program and reported substantial improvement in the functional level, a decrease in the intensity of the chronic pain symptoms, and improvement in the depressive mood symptoms. In addition, she periodically received transforaminal epidural and sacroiliac joint injections under fluoroscopy, which she reported have offered her up to 90% pain relief of her symptoms. A report dated July 13, 2014, the patient presented with chronic back pain. She admitted to a history of opiate dependence and had been on dilaudid as needed as well as tramadol. According to the follow-up report dated July 30, 2014, the patient continued complaining of lower back pain. She was status post a trip and fall incident secondary to her right lower extremity weakness. Examination of the lumbar spine revealed improved range of motion. Flexion 60 degrees, extension 20 degrees, lateral 25 degrees bilaterally. Paraspinal tenderness was present over the left T1-2, T4-8, L4-S1 and left sacroiliac joint. Positive piriformis tenderness bilaterally, pelvis level. She was able to perform heel to toe raises. Positive right and left seated straight leg raise at 90. Examination of both upper extremities revealed right shoulder range of motion. Sensory examination revealed intact sensation to pin prick and light touch in the bilateral lower extremities, except for a diminished sensation in the right greater than left L3 and L4 and L5-S1 dermatomes. Deep tendon reflexes are 2+ and equivocal bilaterally. Rhomberg was negative. Difficulty performing tandem walk. The patient was diagnosed with post laminectomy syndrome, lumbar radiculopathy, lumbar degenerative disc disease, sprain vs fracture of the right

1st metatarsophalangeal joint, and depression. The provider requested Oxycodone and Butrans patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of longterm use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (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>There is no clear documentation of functional improvement with previous use of opioids. The patient admitted to a history of opiate dependence. There is no recent documentation of adequate monitoring for compliance/side effects with previous use of Narcotics. Therefore, the prescription of Oxycodone 10 mg #120 with 2 refills is not medically necessary.

Butrans 5mcg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (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. According to MTUS guidelines, Butrans is recommended to treat opiate addiction. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up or absence of side effects and aberrant behavior with previous use of opioids. There is no recent documentation of recent opioid addiction. Therefore, the request for BUTRANS PATCH 5 MCG 2 refills is not medically necessary.