

Case Number:	CM14-0181147		
Date Assigned:	11/05/2014	Date of Injury:	04/26/2006
Decision Date:	12/11/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/31/2014

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 & Rehabilitation, 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 60 year old male with an injury date on 04/26/2006. Based on the 07/09/2014 progress report provided by [REDACTED] the diagnoses are: 1. Lumbar degenerative disc disease 2. Lumbar radiculitis 3. Lumbar spondylosis 4. Status post lumbar fusion surgery 5. Chronic opioid therapy According to this report, the patient complains of "persistent low back pain, stiffness, and soreness. He rates his pain level today as a 7-8/10. Exam of the lumbar spine indicates "flexion measures approximately 60 degrees, extension 15 degrees with pain with extremes of range of motion." Mild tenderness is noted at the mid to distal lumbar segments bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 10/09/2014. [REDACTED] is the requesting provider and he provided treatment reports from 03/12/2014 to 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

45 tablets of Oxycontin 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Criteria for Use of Opioids Page(s): 60-61; 88-89; 76-78.

Decision rationale: According to the 07/09/2014 report by [REDACTED] this patient presents with persistent low back pain, stiffness, and soreness with pain at a 7-8/10. The treater is requesting 45 tablets of Oxycontin 30mg but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 07/09/2014 and the utilization review letter in question is from 10/09/2014. For chronic opiate use, 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 aberrant 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. Review of reports show no mentions of Oxycontin and it is unknown exactly when the patient initially started taking this medication. A recent urine drug screen on 06/17/2014 was provided. Per treating physician, the patient states "medications provide him approximately 40-50% relief of his symptoms and allows him walking, sitting, standing throughout the day with less discomfort. It also allows him to sleep at night with less discomfort." The 06/11/2014 report mentions, medications allows the patient "to get out of bed, sit, stand, and walk with less discomfort, and perform basic activities of daily living." In this case report shows documentation of pain assessment using a numerical scale describing the patient's pain. ADL's are discussed as above. UDS was obtained. Other than these, the documentation lack discussion regarding side effects, other opiates management issues such as CURES, behavioral issues. Outcomes measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. Change in work status, or return to work attributed to use of Oxycontin were not discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is not medically necessary.

90 tablets of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Criteria for Use of Opioids Page(s): 60-61; 88-89; 76-78.

Decision rationale: According to the 07/09/2014 report by [REDACTED] this patient presents with persistent low back pain, stiffness, and soreness with pain at a 7-8/10. The treater is requesting 90 tablets of Norco 10/325mg but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 07/09/2014 and the utilization review letter in question is from 10/09/2014. For chronic opiate use, 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 aberrant 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. Review of reports show no mentions of Norco and it is unknown exactly when the patient initially started taking this medication. A recent urine drug screen on 06/17/2014 was provided. Per treating physician, the patient states "medications provide him approximately 40-50% relief of his symptoms and allows him walking, sitting, standing throughout the day with less discomfort. It also allows him to sleep at night with less discomfort." The 06/11/2014 report mentions, medications allows the patient "to get out of bed, sit, stand, and walk with less discomfort, and perform basic activities of daily living." In this case report shows documentation of pain assessment using a numerical scale describing the patient's pain. ADL's are discussed as above. UDS was obtained. Other than these, the documentation lack discussion regarding side effects, other opiates management issues such as CURES, behavioral issues. Outcomes measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. Change in work status, or return to work attributed to use of Norco were not discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is not medically necessary.

45 tablets of Robaxin 750mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

Decision rationale: According to the 07/09/2014 report by [REDACTED] this patient presents with persistent low back pain, stiffness, and soreness with pain at a 7-8/10. The treater is requesting 45 tablets of Robaxin 750mg. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of available records show no mentions of Robaxin and it is unknown exactly when the patient initially started taking this medication. However, the treater is requesting Robaxin #45, this medication is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, the request is not medically necessary.