MAXIMUS Federal Services

Case Number:	CM14-0184705		
Date Assigned:	11/12/2014	Date of Injury:	06/22/2011
Decision Date:	12/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/05/2014

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 Family Medicine 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:

This is a 51-year-old male patient who reported an industrial injury on 6/22/2011, 3 years ago, attributed to the performance of his usual and customary job tasks. The patient reportedly complained of pain to the neck, low back, left shoulder, and right inguinal area. The patient was being prescribed MS Contin 60 mg three tabs per day; Relafen 750 mg 1-2 tabs per day; and Colace 100 mg three tabs per day. The patient is prescribed 180 MEDs per day. The objective findings on examination were not noted to have changed. The patient was also diagnosed with chronic right knee pain s/p partial meniscectomy and chondroplasty on 11/18/2011. The patient was noted to have osteoarthritic changes to the left knee. The patient had neck pain with radiating symptoms to the left arm s/p SAD and glenohumeral joint debridement on 4/2/2012. The patient was s/p left cubital tunnel release on 4/2/2012, within ulnar neuropathy documented by NCV. Patient was reported to have a right sided inguinal hernia. The treatment plan included an urine drug screen; left shoulder corticosteroid injections; surgical consult with general surgeon for the inguinal hernia; follow-up for cervical spine surgical intervention; follow-up for right knee pain; MS Contin 60 mg #90 with five refills; Relafen #60 with five refills; Colace 100 mg number 100 with five (5) refills and follow-up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306,Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) chapter 6 pages 114-116 Official Disability Guidelines (ODG) pain chapter opioids

Decision rationale: Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse, and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for MS Contin 60 mg #90 with refills x5 for short acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic pain for the date of injury over three (3) years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics for the diagnosis of chronic pain. The patient is being prescribed opioids at the level of 180 MEDs per day. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed MS Contin 60 mg #90. The patient is over three (3) years s/p DOI with reported continued chronic pain issues. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury.The chronic use of MS Contin 60 mg #90 is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back or neck pain.The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines.The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues.The ACOEM Guidelines updated chapter on chronic pain state, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect."ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for

severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, If: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also note, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of MS Contin 60 mg for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed MS Contin 30 mg. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for MS Contin 60 mg #90 with refills x5 is not demonstrated to be medically necessary.

Relafen #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines anti-inflammatory medication Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain and NSAIDs

Decision rationale: The use of Nabumetone (Relafen) is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. The provider has not documented evidence of functional improvement with the use of the prescribed Nabumetone. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Nabumetone is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Relafen should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for Relafen #60 with refill x5 is not demonstrated to be medically necessary.

Colace 100mg #100 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-82. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-116 Official Disability Guidelines (ODG) pain chapter-opioids

Decision rationale: The prescription of Colace 100 mg #100 with refill x5 is medically necessary only if the patient has constipation as a side effect of the prescribed opioid medications. The patient is not demonstrated to have constipation as a side effect of opioids prescribed for the reported chronic pain. The patient is prescribed a stool softener. There is no discussion that the patient was counseled as to diet or activity in regards to the fact he has constipation based on high dose opioids. The use of Colace, Docusate Sodium, was provided prior to any evaluation of the symptoms or conservative treatment with diet and exercise. The use of Colace is not demonstrated to be medically necessary. The provider identified MS Contin that may lead to constipation for which Colace was prescribed; however, it was prescribed as a first line treatment instead of the recommended conservative treatment with fiber and diet prior to prescriptions. There was no documented functional improvement to the prescribed Colace. There is no demonstrated medical necessity for the Colace 100 mg #100 refill x5.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-drug testing, screening for addiction, urine drug testing

Decision rationale: The patient has been ordered and provided a urine toxicology screen without any objective evidence to support medical necessity. There was no rationale provided by the treating physician to support the medical necessity of the urine drug screen. The performed test was based on policy and not medical necessity. The qualitative urine drug screen was performed/ordered as a baseline study based on office procedure for all patients without any objective evidence or rationale to support medical necessity. The screen is performed routinely without objective evidence to support medical necessity or rationale to establish the criteria recommended by evidence-based guidelines. The diagnoses for this patient do not support the use of opioids, as they are not recommended for the cited diagnoses or prescribed medicine for chronic pain. There is no demonstrated medical necessity for a urine toxicology screen and it is not clear the provider ordered the urine toxicology screen based on the documented evaluation and examination for chronic pain. There was no rationale to support the medical necessity of a provided urine toxicology screen based on the documented objective findings. The patient should be on OTC medications as necessary.There is no demonstrated medical necessity for the provision of a urine drug screen for this patient based on the provided clinical documentation and the medications prescribed. There were no documented indicators or predictors of possible drug misuse in the medical documentation for this patient. There is no clear rationale to support the medical necessity of opioids. There was no indication of diversion, misuse, multiple prescribers, or use of illicit drugs. There is no provided clinical documentation to support the medical necessity of the requested urine toxicology screen.There is no objective medical evidence to support the medical necessity of a comprehensive qualitative urine toxicology screen for this patient. The prescribed medications were not demonstrated to require a urine drug screen and there was no explanation or rationale by the requesting physician to establish medical necessity.

The provider has requested a drug screen due without a rationale to support medical necessity other than to help with medication management. There was no patient data to demonstrate medical necessity or any objective evidence of cause. There is no provided rationale by the ordering physician to support the medical necessity of the requested urine drug screen in relation to the cited industrial injury, the current treatment plan, the prescribed medications, and reported symptoms. There is no documentation of patient behavior or analgesic misuse that would require evaluation with a urine toxicology or drug screen. There is no demonstrated medical necessity for the prescribed urine drug toxicology screen.