

Case Number:	CM14-0185373		
Date Assigned:	11/13/2014	Date of Injury:	02/10/2009
Decision Date:	12/19/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/06/2014

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, 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 59-year-old female with a date of injury of 02/10/2009. According to progress report 07/28/2014, the patient continues with shooting pain to the anterior thigh, burning pain across the abdomen, and aching pain down the right leg and foot. Examination of the lumbar spine revealed decreased sensory and exquisite tenderness over the right pubic bone. There is tenderness of the lumbar paraspinal muscles, right sacroiliac joint, and piriformis compartment. Straight leg raise is positive in the right lower extremity, and there is decreased sensory in the right anterior lateral leg and foot. The listed diagnoses are: 1. Failed back surgery syndrome. 2. Status post 3-level lumbar fusion with instrumentation. 3. Right sacroiliitis. 4. Right trochanteric bursitis/tendinitis. 5. Status post right inguinal herniorrhaphy. The treater states that the patient is currently utilizing Percocet 10 mg 6 tablets per day and Opana 40 mg twice per day. The treater states if the patient's medication and followup visits are to be denied, then he would like to request a detoxification as well as behavioral pain management for the patient. It is noted the patient is to return to full duty with no limitations or restrictions on 08/25/2014. Utilization review denied the request on 10/15/2014. Treatment reports from 01/14/2014 through 08/25/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Detox program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines detoxification Page(s): 42.

Decision rationale: This patient presents with right genitofemoral neuralgia with burning pain into the right inner thigh. The current request is for a 1 Detox program. The MTUS Guidelines page 42 discusses detoxification and states it is recommended as indicated below. Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction abuse or misuse, may be necessary due to the following: Intolerable side effects, lack of response, aberrant behaviors as related to abuse and dependence, refractory comorbid psychiatric illness and lack of functional improvement. Gradual weaning is recommended for long-term opiate users because opiates cannot be abruptly discontinued without probable risk of withdrawal symptoms. The MTUS Guidelines do not discuss the duration or frequency of the program. However, ODG Guidelines regarding detox recommends a medium duration of 4 days. In this case, the request is for detox program without duration. Although the patient may be medically indicated for a detox program, without knowing the duration for the request, it cannot be authorized. MTUS also recommends gradual weaning of opiates, which can be safely accomplished via outpatient monitoring. The request is not medically necessary.

60 Opana ER, 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 78.

Decision rationale: This patient presents with right genitofemoral neuralgia with burning pain into the right inner thigh. The current request is for #60 Opana ER, 10 mg. The MTUS Guidelines pages 88 and 89 state, "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 4 A's (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. Review of the medical file indicates the patient has been utilizing this opioid since at least 01/14/2014. The patient reports in the 06/02/2014, 06/30/2014, and 07/28/2014 progress report that "meds remain helpful" with no reported side effects. The treater continually notes "Functional gains are provided by the meds and that they significantly ease the job duties, mobility, and ADLs (activities of daily living)." In this case, continuation of this medication cannot be supported as the treater provides the same consistent generic statement regarding functional improvement with medications. There are no specific changes in ADLs and before and after pain scales are not provided to show analgesia either. Urine drug toxicology

screens are provided on a monthly basis, but other aberrant behaviors are not discussed such as CURES, early refill/lost medication, etc. Given the lack of sufficient documentation for opiate management, the patient should slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.

240 Percocet, 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89,78.

Decision rationale: This patient presents with right genitofemoral neuralgia with burning pain into the right inner thigh. The current request is for Percocet 10/325mg 240. The MTUS Guidelines pages 88 and 89 state, "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 4 A's (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. Review of the medical file indicates the patient has been utilizing Percocet since at least 01/14/2014. The patient reports in the 06/02/2014, 06/30/2014, and 07/28/2014 progress report that "meds remain helpful" with no reported side effects. The treater continually notes "Functional gains are provided by the meds and that they significantly ease the job duties, mobility, and ADLs." In this case, continuation of this medication cannot be supported as the treater provides the same consistent generic statement regarding functional improvement with medications. There are no specific changes in ADLs and before and after pain scales are not provided to show analgesia either. Urine drug toxicology screens are provided on a monthly basis, but other aberrant behaviors are not discussed such as CURES, early refill/lost medication, etc. Given the lack of sufficient documentation for opiate management, the patient should slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.

150 Soma, 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

Decision rationale: This patient presents with right genitofemoral neuralgia with burning pain into the right inner thigh. The current request is for 150 Soma 350 mg. The MTUS Guidelines page 64 has the following regarding muscle relaxants, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations of patients with chronic LBP (low back pain)." This appears to be an initial request for Soma as there is no discussion regarding this medication prior to the Rx dated 07/28/2014. The treater has

requested #150 and MTUS do not support long-term use of muscle relaxants. The request is not medically necessary.

300 Xanax, 2mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with right genitofemoral neuralgia with burning pain into the right inner thigh. The current request is for #300 Xanax 2 mg. The treater states in his 07/28/2014 report that the patient is utilizing Xanax 2 to 3 times per day for "episodes of anxiety or panic." For benzodiazepines, the MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependency." It is unclear when the patient was first prescribed this medication. Recommendation for further use cannot be supported as the treater is requesting #300, and long-term use of this medication is not supported by MTUS. The request is not medically necessary.

90 Xanax, 1mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with right genitofemoral neuralgia with burning pain into the right inner thigh. The current request is for #90 Xanax 1 mg. The treater states in his 07/28/2014 report that the patient is utilizing Xanax 2 to 3 times per day for "episodes of anxiety or panic." For benzodiazepines, the MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependency." It is unclear when the patient was first prescribed this medication. Recommendation for further use cannot be supported as the treater is requesting #300, and long-term use of this medication is not supported by MTUS. The request is not medically necessary.

1 behavioral pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007 page 56

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: This patient presents with right genitofemoral neuralgia with burning pain into the right inner thigh. This is a request for "1 behavioral pain management." Progress report 07/28/2014 as well as request for authorization (RFA) states that this is a request for detoxification program and behavioral pain management. Utilization review denied the request stating ACOEM Guidelines for referral for specialist. For cognitive behavioral therapy, MTUS page 23 recommends an initial trial of 3 to 4 psychotherapy over 2 weeks and additional visits for total of 6 to 10 visit with functional improvement. "1 behavioral pain management" session is within guidelines and is medically necessary.