

Case Number:	CM14-0212654		
Date Assigned:	12/30/2014	Date of Injury:	02/27/2007
Decision Date:	02/27/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 diabetic man who sustained a work-related injury on February 27, 2007. Subsequently, the patient had an L5-S1 disc replacement, in 2009, with residual back pain. The patient rated his pain level as a 3/10 with medications by much higher without. He stated MS Contin was beneficial in place of Methadone. He also stated the Verapamil was beneficial for migraines but also caused heart issues and not compatible with Methadone and Lyrica because they caused leg edema. The patient had an epidural steroid injection for leg pain and back pain on January 7, 2014 and he reported that he was still doing about 40% better for the leg pain. He did, however, continue to have back pain. Physical examination revealed lumbar tenderness over lumbosacral areas and thoracic region with diffuse TPI. Straight leg raising was positive and Patrick's positive bilaterally. He had tenderness throughout the lower lumbar spine to palpation. Light touch sensation was diminished on the dorsal forefoot bilaterally. Motor strength showed slight drop on the left side with heel walking repetitively. CT Myelogram dated June 30, 2010, showed disc prosthesis at L5-S1. No central canal stenosis. Mild facet ligamentum flavum hypertrophy, probable mild bilateral foraminal narrowing. Bulging annulus and facet hypertrophy at L3-4 and L4-5 with probable bilateral foraminal narrowing. The patient was diagnosed with failed back surgery syndrome, status post L5-S1 disc replacement, chronic lumbar back pain, and lumbar radiculopathy. The provider requested authorization for MS Contin, Dilaudid, and Bilateral Trans Epidural Steroid Injection L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #90: 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): 76-79.

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, and (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 patient improvement in level of function and quality of life with previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. The patient has been taking Ms Contin for a longtime without any substantial pain relief or functional benefits. Therefore, the request of MS Contin 15mg #90 is not medically necessary.

Dilaudid 4mg #90: 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): 76-79.

Decision rationale: According to MTUS guidelines, Dilaudid is a short acting opioids is seen an effective medication to control pain. Hydromorphone (Dilaudid; generic available): 2mg, 4mg, 8mg. Side Effects: Respiratory depression and apnea are of major concern. Patients may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. The more common side effects are dizziness, sedation, nausea, vomiting, sweating, dry mouth and itching. (Product Information, Abbott Labs 2006) Analgesic dose: Usual starting dose is 2mg to 4mg PO every 4 to 6 hours. A gradual increase may be required, if tolerance develops. 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, and (c) Office: ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; 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. There is no clear evidence and documentation from the patient file, for a need for more narcotic medications. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no evidence of pain breakthrough. There is no clear documentation of the efficacy/safety of previous use of opioids. Therefore, the prescription of Dilaudid 4mg #90 is not medically necessary.

Bilateral Trans Epidural Steroid Injection L4-5, L5-S1: 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): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. The patient reported left foot numbness and worsening of his symptoms, which has recurred since his 1st ESI. In addition, there is no clear evidence from the physical examination of radiculopathy. There is no EMG study documenting radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, Bilateral Trans Epidural Steroid Injection L4-5, L5-S1 is not medically necessary.