

Case Number:	CM14-0214346		
Date Assigned:	01/07/2015	Date of Injury:	09/27/1999
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male with an injury date of 09/27/99. Per the 10/03/14 consultation report by [REDACTED], the patient presents with pain in the lower back, bilateral legs, bilateral feet, groin region and buttocks. Pain occasionally radiates inside [REDACTED] down the radial aspect of the legs. Pain with medications is 5/10 and 10/10 [REDACTED] and is present at least 98% of the time. He has difficulties with bowel/bladder dysfunction, terminal sleep cycle and weight gain. The patient has not worked since the date of his injury. FABER on right and left reveals moderate restrictions with low back pain and straight leg raise is 40 degrees before lower back pain. There is tenderness to palpation over the spinous processes and paraspinal muscles of the lumbar spine. The patient's diagnoses include: 1. Low back sprain/strain. 2. Discogenic low back pain. 3. S/p lumbar fusion L3 to L5. 4. Post laminectomy syndrome. 5. Chronic intractable pain syndrome. 6. L2 compression fracture s/p vertebroplasty. 7. Degenerative lumbar/lumbosacral intervertebral disc (08/28/14 report). 8. Long term (Current) use of other medications (08/28/14 report). The patient reports a history of arthritis. Current medications re listed as Morphine Sulfate, Fentanyl tablet, Bisacodyl, and Megace. The patient is starting Lyrica in an effort to reduce the need for opiate medications. The treater is requesting for a HELP functional restoration program. The utilization review is dated 12/12/14. Reports were provided for review from 01/13/13 to 10/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications. Page(s): 22.

Decision rationale: The patient presents with pain in the lower back, bilateral legs, bilateral feet, groin region and buttocks. The current request is for Celebrex 200mg QTY: 30. The RFA is not included. The 12/12/14 utilization review states the report containing the request is dated 12/05/14 and this report is not included for review. MTUS Anti-inflammatory medications page 22 states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS guidelines page 22 for Celebrex, state, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." The most recent report provided for review is dated 10/03/14 which is prior to the date of this request. Reports show the patient was prescribed Celebrex from 01/03/13 to 04/04/13. There is no mention of why the medication was stopped. Subsequent reports do not indicate use of Celebrex, and there is no mention of GI complications for this patient in the reports provided for independent review or in the utilization review. In this case, there is no evidence that the requested medication is indicated for this patient per the MTUS guidelines. The request IS NOT medically necessary.

Fentanyl patch 100mcg QTY: 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS. Medication for chronic pain Page(s): 88, 89, 76-78, 60-61.

Decision rationale: The patient presents with pain in the lower back, bilateral legs, bilateral feet, groin region and buttocks. The current request is for Fentanyl patch 100mcg QTY: 15 (an opioid analgesic). The RFA is not included. The 12/12/14 utilization review states the report containing the request is dated 12/05/14, and this report is not included for review. The MTUS, Fentanyl transdermal, Page 93, states, "Indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDs)." 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 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. The reports show the patient has been prescribed this medication since at least 01/03/13. Treatment reports provided through 08/28/14 are from [REDACTED] and repeatedly state that the medications provide partial relief for the patient's pain and help the patient's function. Recent reports from 05/01/14 consistently rate the patient's pain at 9/10. The sole report provided from [REDACTED] on 10/03/14 states pain with medications is 5/10 and 10/10 without. It appears this is his first visit with [REDACTED] who states the impact of pain has been moderate to severe and the patient requires assistance from family members for home duties. He has suffered a complete loss of prior social and recreational activities such as fishing, waterskiing and hunting. However, this information does not show a significant change with use of this medication nor do prior reports by [REDACTED] mention specific ADL's. Reports show that UDS's were run and CURES was consulted on 10/03/14 and 07/01/14. [REDACTED] states UDS results are consistent on 07/01/14 and a copy of 06/03/14 urine toxicology report is provided. The patient has a pain contract, and Side effects and counseling for use of opioids is repeatedly mentioned. No outcome measures are provided. In this case ADL's have not been sufficiently documented to support long-term opioid use as required by MTUS. The request IS NOT medically necessary.

MSO4 15mg QTY: 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. Medication for chronic pain Page(s): 88, 89, 76-78, 60-61.

Decision rationale: The patient presents with pain in the lower back, bilateral legs, bilateral feet, groin region and buttocks. The current request is for MSO4 15mg QTY: 90 (Morphine Sulfate, an opioid analgesic) The RFA is not included. The 12/12/14 utilization review states the report containing the request is dated 12/05/14 and this report is not included for review. 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 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. The reports show the patient has been prescribed this medication since at least 01/03/13. Treatment reports provided through 08/28/14 are from [REDACTED] and repeatedly state that the medications provide partial relief for the patient's pain and help the patient's function. Recent reports from 05/01/14 consistently rate the patient's pain at 9/10. The sole report provided from [REDACTED] on 10/03/14 states pain with medications is 5/10 and 10/10 without. It appears this is his first visit with [REDACTED] who states the impact of pain has been moderate to severe and the patient requires assistance from family members for home duties. He has suffered a complete loss of prior social and recreational activities such as fishing, waterskiing and hunting. However, this information does not show a significant change with use of this medication. [REDACTED] does state on 05/01/14 that the patient had more difficulty in performing activities after the dosage of this medication was reduced; however, no specific ADL's are mentioned. Reports show that UDS's were run and CURES was consulted on 10/03/14 and

07/01/14. [REDACTED]. states UDS results are consistent on 07/01/14 and a copy of 06/03/14 urine toxicology report is provided. The patient has a pain contract, and side effects and counseling for use of opioids is repeatedly mentioned. No outcome measures are provided. In this case ADL's have not been sufficiently documented to support long-term opioid use as requires by MTUS. The request IS NOT medically necessary.