

Case Number:	CM14-0218909		
Date Assigned:	01/09/2015	Date of Injury:	08/18/2009
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 injured worker is a 32 year old male who sustained a work related injury on August 18, 2009. He had complained of low back pain. He underwent an anterior and posterior fusion in August, 2011 and then removal of hardware in May, 2013. Treatment included medications, epidural steroid injections, transcutaneous electrical stimulation (TENS) unit, home exercise program, and physical therapy. Diagnoses included status post lumbar fusion and removal of hardware, chronic pain, and L5 radiculopathy. In October, 2014 he underwent a caudal epidural steroid injection with only 20%-30% improvement. With pain medications he notes a 50% reduction in pain. The physician documented that there was improvement in function with use of norco but no specific improvements were discussed. The injured worker reported mild constipation as a result of medication use. A urine drug screen on 6/19/14 was inconsistent with precription therapy. A urine drug screen on 8/20/14 was reported to be consistent with prescribed medications. A urine drug screen on 11/3/14 was positive for marijuana. Currently, the injured worker complains of chronic low back pain. Diagnoses listed were chronic low back pain status lumbar-sacral fusion followed by removal of hardware, chronic right lumbar radiculopathy, and lumbar stenosis per Magnetic Resonance Imaging (MRI) performed on July 2, 2014 with degenerative disc disease and disc herniation. The treating physician prescribed morphine ER, norco, senokot-S, compounded medication cream, and metabolic panel on 11/17/14 and 12/3/14. The physician documented that the comprehensive metabolic panel was ordered to evaluate liver and kidney function secondary to chronic opioid use. Examination showed difficulty rising from recumbency, normal gait, and normal cognition. Work status was noted as modified duties with

restrictions. Progress notes were submitted from July to December 2014. The physician documentation notes that the injured worker was prescribed Norco since at least July 2014 and Morphine since at least October 2014. On December 18, 2014, Utilization Review non-certified a request for a prescription of Morphine ER15mg #60, Norco 10/325mg#180, Senokot-S 8.6/50mg#100, and Ketoprofen, Gabapentin and Lidocaine Compounded Rub 240 grams and laboratory studies consisting of a Comprehensive Metabolic Panel. The MTUS, ODG, and labtestsonline were cited by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): p. 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status remains unchanged and office visits have continued at the same frequency. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. At least one urine drug screen was not consistent with prescribed medications, and one urine drug screen was positive for marijuana; these findings were not addressed. As the opioids requested were not prescribed in accordance with the MTUS guidelines, and as some urine drug screen results reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy, the request for morphine ER is not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. One progress noted documented that there was an increase in function as a result of use of norco, but the specific benefit was not discussed. Work status remains unchanged and office visits have continued at the same frequency. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. At least one urine drug screen was not consistent with prescribed medications, and one urine drug screen was positive for marijuana; these findings were not addressed. As the opioids requested were not prescribed in accordance with the MTUS guidelines, and as some urine drug screen results reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy, the request for norco is not medically necessary.

Senokot S 8.6/50mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids: initiating therapy with opioids Page(s): p.77. Decision based on Non-MTUS Citation chronic pain chapter: opioid-induced constipation

Decision rationale: The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. The injured worker reported mild medication-induced constipation. The requested opiates have been determined to be not medically necessary.

Treatment of constipation should be initiated with first line measures as noted above. For these reasons, the request for Senokot-S is not medically necessary.

Ketoprofen, Gabapentin and Lidocaine Compounded rub 240g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): p.111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Ketoprofen, a nonsteroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. It has a high incidence of photocontact dermatitis. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder, and topical NSAIDS are not recommended for neuropathic pain. Gabapentin is an antiepileptic drug and is not recommended in topical form; there is no peer-reviewed literature to support use. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Non-dermal patch forms are generally indicated as local anesthetics or antipruritics. As the ingredients in the compounded product are not recommended, the request for Ketoprofen, Gabapentin and Lidocaine Compounded rub 240g is not medically necessary.

Comprehensive metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, long term assessment Page(s): p. 88. Decision based on Non-MTUS Citation webmd.com

Decision rationale: A comprehensive metabolic panel is a blood test that measures glucose, electrolytes, kidney function, and liver function tests. The physician documented that the comprehensive metabolic panel was ordered to evaluate liver and kidney function secondary to chronic opioid use. Specific indication for the additional tests present in a comprehensive metabolic panel were not discussed. Tests should not be performed without specific indications. Given the lack of specific indications for all of the components of a comprehensive metabolic panel presented in this case, the request for comprehensive metabolic panel is not medically necessary.