MAXIMUS Federal Services

Case Number:	CM15-0145868		
Date Assigned:	09/15/2015	Date of Injury:	05/14/1996
Decision Date:	11/16/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/27/2015

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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 45 year old female, who sustained an industrial injury on 5-14-96. The injured worker was diagnosed as having post laminectomy syndrome-lumbar, lumbago, displacement of lumbar intervertebral disc without myelopathy, and degeneration of lumbar lumbosacral intervertebral disc. Treatment to date has included status post lumbar surgeries (1996 and 2005), physical therapy, and medications. Currently, the PR-2 notes dated 4-29-15 indicated the injured worker presents for a medication refill. The provider has documented, "states the Percocet makes her feel dumb and doesn't like to take it at work." The provider continues documentation, "she presented with pain, back, adequate sleep. Results of the UDS are consistent results 1-7-15. The pain symptom is located in the low back area. The pain radiates in both legs. It is described as aching, electrical sensation, hot-burning, pressure, sharp, shooting, stabbing. This severity of the pain has a current score of 6 out of 10. The symptoms first began many years. Episodes occur constant. The pain is aggravated by bending, coughing, and driving, household chores. Alleviating factors include: injections, massage, medications, physical therapy and frequent repositioning." On physical examination the provider notes, "the patient complained of back pain, muscle spasm and muscle weakness but denied hyper and myalgia. The patient complained of paresthesia but denied headache, dizziness and memory loss. Musculoskeletal: Back - overall positive straight leg raise on left, spinous process tenderness lumbar positive at L3, L4, L5; facet tenderness lumbar positive at L3, l4, L5 left; left and right facet loading sign negative. Range of motion- waist pain with extension and pain with flexion; lumbar lordosis negative; scoliosis negative; left and right sciatic notch tenderness negative; coccygeal

tenderness negative, left lower extremity: overall-decreased sense of vibration on the left foot and full strength in low left extremity. Right lower extremity-Overall a normal exam, sensation intact and full strength in right lower extremity. Sensation: overall decreased sense of vibration on left foot, motor- normal bulk and tone." The provider's treatment plan includes documentation, "patient here for medication refill. She is post laminectomy and titanium disc at L5-S1 (2005); complains of lumbar pain with radicular pain primarily bilateral lower extremities." The surgery improved her mobility but not the nerve pain. She also had a laminectomy L5-S1 shortly after that surgery. At one point she was getting injections every three months. She hasn't had an injection in the past 3 years because Workman's Comp would not approve. I have not discontinued her Percocet and will trial her on Norco 7.5-325mg PO TID PRN for BTP. I have refilled her MS Contin, Percocet, Skelaxin and Nortriptyline as well. The Utilization Reviewer, per letter dated 7-6-15, had a telephone conversation with the provider and states "it is noted the patient has been stable on pain medications for several years. She is at work and she has no signs of aberrant behavior. The patient received a refill of MS Contin in January 2015 following a visit on 1-7-15. The patient is under pain contract. The provider indicated the patient stated Norco in April 2015 so this duplicate request for Norco is based on the January 2015 office visit is a mistake. The patient was not taking Norco at this time, only Percocet and MS Contin. The patient had evidence for pain relief with MS Contin from 8 out of 10 to 5 out of 10 with no aberrant behaviors, return to work noted and no side effects. Given this information, medical necessity for MS Contin 30mg TID #90 is reasonable. There is no need for refill on an opioid without follow-up visit. As such, treatment modification is provided for MS Contin 30mg TID #90, 0 refills." A Request for Authorization is dated 7-23-15. A Utilization Review letter is dated 7-6-15 and non-certification for retro Norco 7.5-325mg #90 x 1 refill, date of service 4-29-15 and 6-27-15 and retro MS Contin 30mg XR #90 x 1 refill, date of service 4-29-15 and 6-27-15. A request for authorization has been received for retro Norco 7.5-325mg #90 x 1 refill, date of service 4-29-15 and 6-27-15 and retro MS Contin 30mg XR #90 x 1 refill, date of service 4-29-15 and 6-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 7.5/325mg #90 x 1 refill, DOS: 4/29/15-6/27/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Norco (hydrocodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and

activities of daily living. The injured worker's most recent records through 6-22-15, included decreased pain of 3-4 points on the VAS with medications, no significant adverse effects, and pain contract on file, no aberrant behavior, improved subjective functional improvement, and performance of necessary activities of daily living. Appropriate follow-up has been performed and was scheduled for a two month follow up. In addition, the weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, retro Norco 7.5/325mg #90 x 1 refill, DOS: 4/29/15-6/27/15 is medically necessary and appropriate for ongoing pain management.

Retro MS Contin 30mg XR #90 x 1 refill, DOS: 4/29/15-6/27/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The cited CA MTUS guidelines recommend opioids, such as MS Contin, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's recent records through 6-22-15 included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, urine drug testing, subjective functional improvement, performance of necessary activities of daily living, and other first-line pain medications to include Neurontin. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which has been appropriate, and is scheduled for two months. In the case of the total morphine equivalent dose exceeding 120 mg, the injured worker must be followed by pain management, which is currently the case. Weaning of opioid should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, the retrospective request for MS Contin 30mg XR #90 x 1 refill, DOS: 4/29/15-6/27/15 is medically necessary and appropriate for ongoing pain management.