

Case Number:	CM15-0173001		
Date Assigned:	09/23/2015	Date of Injury:	06/30/2009
Decision Date:	11/03/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/02/2015

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

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 injured worker is a 54 year old male, who sustained an industrial injury on 06-30-2009. He has reported injury to the low back. The injured worker has been treated for low back pain; lumbar degenerative disc disease; lumbar radiculopathy; lumbar stenosis; status post spinal cord stimulator implant; status post L2-L3 lumbar microdiscectomy in 2009; and status post lumbar instrumented fusion at L4-L5 in 2010. Treatment to date has included medications, diagnostics, home exercise program, spinal cord stimulator implantation, and surgical intervention. Medications have included Hydrocodone-Acetaminophen, MS Contin, Gralise, Butrans Patch, Naproxen, and Trazodone. A progress report from the treating physician, dated 08-07-2015, documented a follow-up visit with the injured worker. The injured worker reported increased low back pain and radicular bilateral lower extremity pain since the last visit; continued bilateral lower extremity numbness; the spinal cord stimulator has not been providing any pain relief, and he is requesting to have it removed; the pain is rated at 8 out of 10 in intensity without medications, and rated at 6 out of 10 in intensity with medication; the pain today is rated at 7 out of 10 in intensity; and the prescribed medications are keeping him functional, allowing for increased mobility, and tolerance of activities of daily living and home exercises. Objective findings included reflexes are diffusely diminished and 1+ in both lower extremities; lumbar spine motion is limited both in flexion and extension secondary to previous fusion as well as low back pain; tenderness to palpation over the paraspinal musculature more prominently on the right side within the lumbar area; he has right-sided sciatic notch tenderness; straight leg raising sign is moderately positive bilaterally at 30 degrees; gait is antalgic; there is diminished motor

strength in the right hip flexors and bilateral quadriceps, right hamstring, as well as right ankle and toe dorsiflexion; and there is decreased sensation to pinprick and light touch in the right L3, as well as the L5 and S1 dermatomal distributions. The treatment plan has included the request for MS Contin, 30mg #90; and Hydrocodone-Acetaminophen, 10-325mg #60. The original utilization review, dated 08-18-2015, non-certified a request for MS Contin, 30mg #90; and Hydrocodone-Acetaminophen, 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin, 30mg #90: Upheld

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the lumbar spine. The request is for MS Contin, 30mg #90. Patient is status post lumbar microdiscectomy surgery and lumbar decompression and instrumented fusion, 2009 and 2010, respectively, Physical examination to the lumbar spine on 08/07/15 revealed tenderness to palpation to the paravertebral muscles, right greater than left, and over the right sciatic notch. Range of motion was limited with pain and straight leg raising test was positive bilaterally at 30 degrees. Per Request for Authorization form dated 08/27/15, patient's diagnosis includes lumbar DDD, lumbar radiculopathy, lumbar pain, lumbar spinal stenosis, and s/p SCS implant. Patient's medications, per 06/12/15 progress report include MS Contin, Norco, Gralise, Butrans Patch, Naproxen and Trazodone. Patient's work status was not specified. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, 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. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater has not addressed this request. Review of the medical records provided indicates that the patient has been utilizing MS Contin since at least 05/08/15. However, the treater has not appropriately addressed the 4A's as required by MTUS. Treater has not stated how MS Contin decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. While UDS test results are current and consistent with patient's medications, CURES or opioid pain contracts were not provided. No discussions of change in

work status or return to work were provided, either. Given the lack of documentation as required by MTUS, continued use of this medication cannot be warranted. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. Therefore, the request is not medically necessary.

Hydrocodone / APAP, 10/325mg #60: Upheld

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the lumbar spine. The request is for Hydrocodone/APAP 10/325mg, #60. Patient is status post lumbar microdiscectomy surgery and lumbar decompression and instrumented fusion, 2009 and 2010, respectively Physical examination to the lumbar spine on 08/07/15 revealed tenderness to palpation to the paravertebral muscles, right greater than left, and over the right sciatic notch. Range of motion was limited with pain and straight leg raising test was positive bilaterally at 30 degrees. Per Request For Authorization form dated 08/27/15, patient's diagnosis includes lumbar DDD, lumbar radiculopathy, lumbar pain, lumbar spinal stenosis, and s/p SCS implant. Patient's medications, per 06/12/15 progress report include MS Contin, Norco, Gralise, Butrans Patch, Naproxen and Trazodone. Patient's work status was not specified. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, 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. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The treater has not specifically discussed this request. Review of the medical records provided indicates that the patient has been utilizing Hydrocodone/ APAP (Norco) since at least 02/11/15. However, there are no discussions in regards to Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. While UDS test results are current and consistent with patient's medications, there are no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request is not medically necessary.