

Case Number:	CM15-0173735		
Date Assigned:	09/15/2015	Date of Injury:	02/19/2012
Decision Date:	10/22/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old female injured worker suffered an industrial injury on 2-19-2012. The diagnoses included acquired lumbar spondylosis, lumbar stenosis and lumbar scoliosis. On 8-19-2015 for the 2nd post-operative visit the treating provider reported pain was worse than 6 weeks ago. The providers recommended finishing the course of OxyContin and then switch to Tramadol ER along with increase in Neurontin dose. Prior treatments included complex lumbar decompression fusion and arthrodesis 7-7-2015 and medications. The diagnostics included negative urine drug screen 12/2014 per provider note 6-23-2015. An updated urine drug screen was requested at that time but it was unclear if that was certified and obtained. A comprehensive pain evaluation with pain levels was not included in the post-operative visits of 7-23-2015 and 8/19-2015. The Utilization Review on 8-26-2015 determined non-certification for Percocet 10/325mg #120, every 6 hours as needed, Ativan 1mg #90, 3 x daily as needed and Tramadol ER 300mg #30, once daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120, every 6 hours as needed: 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, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding ongoing management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the medical records submitted for review, the injured worker underwent lumbar surgery 7/7/15. I respectfully disagree with the UR physician's denial based upon a lack of current UDS. Per the ODG guidelines, UDS must be performed within 6 months of initiation of long term opiate therapy in low risk patients. The request is indicated for the injured worker's acute post operative nociceptive pain. The request is medically necessary.

Ativan 1mg #90, 3 x daily as needed: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 24 regarding benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Per the medical records, this appears to be the first use of Ativan which was prescribed for muscle spasms. I respectfully disagree with the UR physician's assertion that the guidelines mandate UDS to assure compliance with the use of benzodiazepines. The request is medically necessary.

Tramadol ER 300mg #30, once daily: 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, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding ongoing management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the medical records submitted for review, the injured worker underwent lumbar surgery 7/7/15. I respectfully disagree with the UR physician's denial based upon a lack of current UDS. Per the ODG guidelines, UDS must be performed within 6 months of initiation of long term opiate therapy in low risk patients. The request is indicated for the injured worker's acute post operative nociceptive pain. The medical records note that the treatment plan was to finish the course of OxyContin and then switch to tramadol. The request is medically necessary.