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| Case Number: | CM15-0178804 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 07/13/2000 |
| Decision Date: | 10/28/2015 | UR Denial Date: | 09/04/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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 58 year old male, who sustained an industrial injury on July 13, 2000. On May 8, 2015 the injured worker was evaluated for back pain. He reported that he had "just finished 2700 mile road trip" and had a bit more pain. His physical examination had normal findings. His MS Contin and Percocet were renewed. The evaluating physician noted that the injured worker was being weaned from morphine and noted the injured worker had weaned to 60 mg morphine per day from 120 mg morphine per day. The evaluating physician documented "doubt is we can wean further - patient would like to be off opiates spinal cord stimulator?" The injured worker was evaluated on June 3, 2015 for his back pain. His physical examination had normal findings. The evaluating physician refilled the injured worker's MS Contin 15 mg and noted a "50% reduction" and refilled Percocet 5-325 mg. The injured worker has used MS Contin since at least 10-20-2014 and used Percocet 5-325 mg since at least 9-19-2014. Treatment to date has included opioid medications, and lumbar laminectomy. The injured worker was diagnosed with lumbago. A request for authorization for 84 tablets of MS Contin 15 mg between 9-1-2015 and 10-16-2015 and 120 tablets of Percocet 5-325 mg between 9-1-2015 and 10-16-2015 was received on August 28, 2015. On September 4, 2015, the Utilization Review physician modified 84 tablets of MS Contin 15 mg between 9-1-2015 and 10-16-2015 and 120 tablets of Percocet 5-325 mg between 9-1-2015 and 10-16-2015 to 19 Tablets of MS Contin 15 mg between 9-1-2015 and 10-16-2015 and 25 Tablets of Percocet 5-325 mg between 9-1-2015 and 10-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

84 Tablets of MS Contin 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 mid and low back. The request is for 84 tablets of MS Contin 15MG. Patient is status post 2 spine surgeries, 1988 and 2000, respectively. Per 05/08/15 progress report, patient's diagnosis includes back pain. Patient's medications, per 03/09/15 progress report include Aspirin, Losartan, MS Contin, Percocet, and Viagra. 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 and no RFA was provided either. The utilization review letter dated 09/04/15 has modified the request from 84 tablets to 19 tablets for weaning purposes. In this case, 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. No UDS, CURES or opioid pain contracts were 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.

120 Tablets of Percocet 5/325mg: 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 mid and low back. The request is for 120 tablets of Percocet 5/325MG. Patient is status post 2 spine surgeries, 1988 and 2000, respectively. Per 05/08/15 progress report, patient's diagnosis includes back pain. Patient's medications, per 03/09/15 progress report include Aspir, Losartan, MS Contin, Percocet, and Viagra. 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; no RFA was provided either. The utilization review letter dated 09/04/15 has modified the request from #120 to #25, recommending tapering. Review of the medical records provided indicate that the patient has been utilizing Percocet since at least 09/19/14. However, there are no discussions in regards to this medication's impact on the patient's pain and function. No ADL's are discussed showing specific functional improvement. There are no UDS test results and CURES and 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.