

Case Number:	CM15-0095938		
Date Assigned:	05/22/2015	Date of Injury:	03/12/2001
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/18/2015

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: North Carolina

Certification(s)/Specialty: 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 46-year-old male, who sustained an industrial injury on 3/12/01. He reported initial complaints of low back pain. The injured worker was diagnosed as having post-operative pain syndrome; chronic pain syndrome. Treatment to date has included status post L4-5, L5-S1 anterior/posterior laminectomy with fusion; lumbar laminectomy revision; two lumbar epidural steroid injections; chiropractic care; physical therapy; addiction therapy; multi-disciplinary pain program; pain medications. Currently, the PR-2 notes dated 4/28/15 indicated the injured worker complains of lower back and leg pain with numbness in both legs. The provider documents the injured worker is doing much better since being placed on Deplin as he is working around the house more than ever. He denies any recent trauma, injury or illnesses. His current CURES report dated 4/21/15 is consistent for medications prescribed. Blood test for oxycodone was within therapeutic range for opiate tolerance and preliminary urine drug test was consistent for oxycodone. Aggravating factors for pain continues to be walking, sitting and bending. Past treatment are documented as two lumbar laminectomies, one post-operative revision, two lumbar epidural steroid injections, chiropractic care, physical therapy; addiction therapy; multi-disciplinary pain program and pain medications. There are no dates provided or procedure reports included in the submitted documentation for these surgeries or injections. Physical examination reveals difficulty lying on examination table due to distress over low back. He was unable to rise from the lying down to seated position with difficulty and also needs a cane to ambulate. His neck exam reveals tenderness over the upper and lower trapezius on movement. There is noted tenderness over the entire upper and lower back. He has ileolumbar tenderness with an inability to do flexion at the waist or extend. The provider has requested Oxycodone 30mg #240 and Deplin 15mg (L-Methylfolate) #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Oxycodone 30mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and 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. (Passik, 2000)(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores. There are also no objective measurements of improvement in function. Therefore, criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

1 prescription for Deplin 15mg (L-Methylfolate) #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Deplin (L-methylfolate).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical foods.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states medical foods are only indicated when scientific principles have shown they are necessary nutritional requirements of the management of a specific disease. These criteria are not met with the requested medical food/supplement and therefore the request is not medically necessary.