

Case Number:	CM15-0099644		
Date Assigned:	06/02/2015	Date of Injury:	08/29/2002
Decision Date:	07/22/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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 55 year old female with an industrial injury dated 08/29/2002. His diagnoses included chronic lumbosacral sprain/strain with radicular symptoms, chronic sacroiliac sprain/strain, bilateral knee pain, and likely post-operative complex regional pain syndrome and co morbid diagnosis of diabetes mellitus type 2. She presents on 04/16/2015 with complaints of back pain which is worsened with flexion and extension. She rates the pain as 8 on a scale of 1-10. The injured worker notes narcotics improves condition, standing and walking worsens condition. The provider notes the injured worker has substantial benefit of the medications as she has nociceptive, neuropathic and inflammatory pain. Physical exam of the lumbar spine revealed pain with rotational extension. Straight leg raise testing was positive on the left side. There was tenderness to palpation of the thoracic, lumbar and cervical paraspinal muscles. The provider notes there is no evidence of drug abuse or diversion and no aberrant behavior was observed. The provider also documented the most recent urine drug screen on 10/11/2014 was within normal limits and the injured worker has about 90% improvements in pain. Also documented was the injured worker had attempted to wean the medications with increased pain, suffering and decreased functional capacity. The treatment plan included a repeat psychological clearance for a stimulator, Butrans patch, Omeprazole and Percocet. The treatment request is for Butrans 10 mcg/hr. patch # 4 with 3 refills, Omeprazole 20 mg # 30 with 3 refills, Percocet 10/325 mg # 120 and psychological clearance for spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10 MCG/HR Patch #4 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80.

Decision rationale: This patient presents with chronic back pain. The current request is for Butrans 10 MCG/HR Patch #4 with 3 Refills. The RFA is dated 05/12/15. Treatment history included orthoscopic surgery (2005), medications, Trigger point injections, ESI and physical therapy. The patient is P&S. MTUS Guidelines 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 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also 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 patient has been utilizing Butrans patches since at least 01/05/15. Progress reports 01/05/15, 03/18/15, 04/16/15 and 05/12/15 provide the same generic statements about medication efficacy. Each report noted that narcotics improves condition, standing and walking worsens condition. The patient is reported to have substantial benefit of the medications as she has nociceptive, neuropathic and inflammatory pain. Patient's current pain level is 8 out of 10 on all reports from 01/05/15 through 05/12/15. UDS was performed on 10/11/14 and there are no aberrant behaviors and no side effects noted. Although the treater provided general statements regarding how the patient's medications improves condition with substantial benefit, not all the four A's are addressed as required by MTUS guidelines. There are no specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain either. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Percocet 10/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80.

Decision rationale: This patient presents with chronic back pain. The current request is for Percocet 10/325 MG #120. The RFA is dated 05/12/15. Treatment history included orthoscopic surgery (2005), medications, Trigger point injections, ESI and physical therapy. The patient is P&S. MTUS Guidelines 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 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also 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 patient has been utilizing Percocet since at least 01/05/15. Progress reports 01/05/15, 03/18/15, 04/16/15 and 05/12/15 provide the same generic statements about medication efficacy. Each report noted that narcotics improves condition, standing and walking worsens condition. The patient is reported to have substantial benefit of the medications as she has nociceptive, neuropathic and inflammatory pain. Patient's current pain level is 8 out of 10 on all reports from 01/05/15 through 05/12/15. UDS was performed on 10/11/14 and there are no aberrant behaviors and no side effects noted. Although the treater provided general statements regarding how the patient's medications improves condition with substantial benefit, not all the four A's are addressed as required by MTUS guidelines. There are no specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain either. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Omeprazole 20 MG #30 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with chronic back pain. The current request is for Omeprazole 20 MG #30 with 3 Refills. The RFA is dated 05/12/15. Treatment history included orthoscopic surgery (2005), medications, Trigger point injections, ESI and physical therapy. The patient is P&S. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg. 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2- receptor antagonists or a PPI."The patient's medication regimen includes Butrans, Percocet and Omeprazole. The patient has been prescribed Omeprazole since at least 01/05/15. The rationale

for why this medication is continually dispensed is not provided. Each progress report under the "Review of Systems" section reported (negative) GI symptoms, abdominal cramps, abdominal pain. In this case, the treater has not provided GI assessment to warrant prophylactic use of a PPI. There is no discussion on what gastric complaints there are, and why this medication should be continued. The patient is not taking any NSAIDs either. Given lack of documentation as required by my guidelines, the request IS NOT medically necessary.

Psychological Clearance for Spinal Cord Stimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SCS Page(s): 38, 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulation Page(s): 105-107. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Spinal cord stimulators (SCS).

Decision rationale: This patient presents with chronic back pain. The current request is for Psychological Clearance for Spinal Cord Stimulator Trial. The RFA is dated 05/12/15. Treatment history included orthoscopic surgery (2005), medications, Trigger point injections, ESI and physical therapy. The patient is P&S. Under spinal cord stimulation, MTUS Guidelines page 105 to 107 states, "recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated for specific conditions and following a successful temporary trial." ODG Guidelines regarding spinal cord stimulator also states for failed back syndrome, persistent and pains who have undergone at least 1 previous back operation and are not candidates for repeat surgery when all of the following are present: (1) Symptoms of primarily lower extremity radicular pain. There has been limited response to nonintervention care, (2) Psychological clearance indicates realistic expectations and clearance for procedure, (3) There is no current evidence of substance abuse issues, (4) There are no contraindications to a trial, (5) Permanent placement requires evidence of 50% pain relief. Physical examination of the lumbar spine revealed pain with rotational extension. Straight leg raise testing was positive on the left side. There was tenderness to palpation of the thoracic and lumbar paraspinal muscles. A request was made for a repeat psychological clearance for a Spinal Cord Stimulator Trial. The treater states that the patient had one year's back; however, due to the time lapse they would need an updated clearance. In this case, the patient does not meet the criteria recommended by MTUS or ODG for a trial of stimulator as she has not undergone at least 1 previous back operation. ODG requires ALL criteria to be met prior to considering a spinal cord stimulator trial. This requested psychological clearance for a Spinal cord stimulator trial IS NOT medically necessary.