MAXIMUS Federal Services

Case Number:	CM13-0008957		
Date Assigned:	09/16/2013	Date of Injury:	06/06/2003
Decision Date:	01/24/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58 year old male who reported an injury on 6/6/03; he was crushed between a skid-steer and an attachment. He has received multiple treatments over the years, including physical and chiropractic therapy, imaging, epidural steroid injections, electrodiagnostic studies, medial branch blocks, and multiple surgeries to the right lower extremity. He is currently treated by pain management to control the chronic pain associated with his injuries. He has current diagnoses of cervicalgia, brachial neuritis/radiculitis, lumbago, thoracic/lumbosacral neuritis/radiculitis, reflex sympathetic dystrophy, lower limb, pain in joint- ankle and foot, depression, anxiety, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, every eight hours, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

Decision rationale: The California MTUS guidelines recommend the use of opioids for chronic pain, and have offered criteria for long term medication management. The criteria include one

practitioner prescribing the lowest effective dose, objective documentation of pain relief using the VAS scale, side effects, physical and psychosocial functioning, urine drug screening, and aberrant behaviors. As per the most recent note date 7/16/13, the patient had an average pain level of 6/10 since the previous visit, and a functional level of 5/10. These values are an improvement, as the previous visit he reported an average pain and functional level of 9/10. The patient is being treated by [redacted] and is continuing on the initial dose recommendations per MTUS guidelines of 10mg every eight hours with noted relief. The patient has no unwanted side effects or aberrant behaviors documented on 7/16/13 note; however, there is not a recent urine drug screen included for review. It appears that the patient is being screened yearly. The latest screen was done on 2/12/12, with a repeat test scheduled for August of 2013; no results were included in the medical records. Without the results of this urine drug screen, the request does not meet recommended guidelines. California MTUS guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day (MED), and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The patient's current medication regimen includes Methadone, Oxycodone, and Fentanyl patches; with the combined doses, the patient exceeds the recommended MED of 120 mg. As such, the request for Methadone 10mg, every eight hours is non-certified.

Oxycodone 15mg, one by mouth four times a day as needed, #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 Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for chronic pain. The most recent note dated 7/16/13 reported that the patient was being started on a trial of Oxycodone for breakthrough pain. MTUS guidelines recommend that before initiating a trail of opioids, goals should be set to help determine efficacy and there should be a baseline urine drug screen. In the clinical note provided, there were no objective goals set, nor was there a recent baseline drug screen. Also, the request submitted does not specify if the Oxycodone is immediate release or controlled release, as the guidelines do not recommend controlled release for as needed use. California MTUS guidelines also recommend that dosing not exceed 120mg oral morphine equivalents per day (MED), and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The patient's current medication regimen includes Methadone, Oxycodone and Fentanyl patches; with the combined doses, the patient exceeds the recommended MED of 120mg. Therefore, the request for Oxycodone 15mg, one by mouth four times daily as needed is non-certified.

Fentanyl patches, 75ugm every two days, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

Decision rationale: The California MTUS guidelines recommend the use of opioids for chronic pain, and have offered criteria for long term medication management. The criteria include one practitioner prescribing the lowest effective dose, objective documentation of pain relief using the VAS scale, side effects, physical and psychosocial functioning, urine drug screening, and aberrant behaviors. As per the most recent note date 7/16/13, the patient had an average pain level of 6/10 since the previous visit, and a functional level of 5/10. These values are an improvement, as the previous visit he reported an average pain and functional level of 9/10. The patient is being treated by [redacted] and is continuing on the initial dose recommendations per MTUS guidelines of 10mg every eight hours with noted relief. The patient has no unwanted side effects or aberrant behaviors documented on 7/16/13 note; however, there is not a recent urine drug screen included for review. It appears that the patient is being screened yearly. The latest screen was done on 2/12/12, with a repeat test scheduled for August of 2013; no results were included in the medical records. Without the results of this urine drug screen, the request does not meet recommended guidelines. California MTUS guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day (MED), and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The patient's current medication regimen includes Methadone, Oxycodone, and Fentanyl patches; with the combined doses, the patient exceeds the recommended MED of 120 mg. As such, the request for Fentanyl Patch 75ugm every two days #15 is non-certified.