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| Case Number: | CM13-0047342 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 12/05/2001 |
| Decision Date: | 02/26/2014 | UR Denial Date: | 10/15/2013 |
| Priority: | Standard | Application Received: | 11/01/2013 |

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 Orthopedic Surgery, has a subspecialty Certification in Fellowship trained in Spine Surgery and is licensed to practice in California. 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 51-year-old male who reported injury on 12/05/2001. The mechanism of injury was stated to be the patient fell off a ladder. The patient was noted to be a double amputee and was noted to be ambulating with the use of a wheelchair. The patient was noted to have assistance with activities of daily living and in home support services. The patient was noted to be taking chronic pain medications and it was opined the patient would need to be on medications most likely for the rest of his life. The patient was noted to have tenderness along the lumbar and thoracic paraspinal muscles bilaterally. The diagnoses were noted to include chronic low back pain with bilateral lower extremities pain, bilateral residual pain from bilateral extremities phantom pain status post L3-4 laminotomies, facetectomies, bilateral above knee amputation with necrosis as well as chronic right ischial tuberosity ulcer. The patient was noted to have over 25 surgeries. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 prescriptions of Oxycontin 10mg #240 has been modified to a certification of 1 prescription of Oxycontin 10mg #240 between 9/27/2013 and 12/1/2013:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin, ongoing management Page(s): 75, 78.

Decision rationale: California MTUS guidelines recommend long-acting opioids (Oxycontin) for around the clock pain relief and indicate it is not for PRN use. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, 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 clinical documentation submitted for review indicated that the patient takes Oxycontin and Norco to decrease the pain level from an 8/10 to a 6/10. The patient was noted to have increasing phantom pain in the legs as well as numbness and tingling in the low back. The patient's chronic pain was noted to affect sleep resulting in insomnia as well as affecting the patient's mood resulting in depression. However, the clinical documentation submitted for review indicated the patient would be taking the Oxycontin 2 tablets 4 times a day and the Norco 1 tablet every 3 to 4 hours. If the patient were taking all doses of all medications, this would equal 180 daily morphine equivalent dose, if the as needed medication of Norco for breakthrough pain was taken at every 6 hours, if it were taken every 3 it would be 200 daily morphine equivalent doses. While the patient indicated that their pain level was decreased with the medication, there is a lack of documentation of the patient's activities of daily living, adverse side effects, and aberrant drug taking behavior. Given the above, the request for two prescriptions of Oxycontin 10mg #240 has been modified to a certification of 1 prescription of Oxycontin 10mg #240 between 9/27/2013 and 12/1/2013 is not medically necessary.

2 prescriptions of Norco 10/325mg #180 has been modified to a certification of 1 prescription of Norco 10/325mg #78 between 9/27/2013 and 12/1/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, 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 clinical documentation submitted for review indicated that the patient takes Oxycontin and Norco to decrease the pain level from an 8/10 to a 6/10. The patient was noted to have increasing phantom pain in the legs as well as numbness and tingling in the low back. The patient's chronic pain was noted to affect sleep resulting in insomnia as well as affecting the patient's mood resulting in depression. However, the clinical documentation submitted for review indicated the patient would be taking the Oxycontin 2 tablets 4 times a day and the Norco 1 tablet every 3 to 4

hours. If the patient were taking all doses of all medications, this would equal 180 daily morphine equivalent dose, if the as needed medication of Norco for breakthrough pain was taken at every 6 hours, if it were taken every 3 it would be 200 daily morphine equivalent doses. While the patient indicated that their pain level was decreased with the medication, there is a lack of documentation of the patient's activities of daily living, adverse side effects, and aberrant drug taking behavior. Given the above, the request for two prescriptions of Norco 10/325mg #180 has been modifier to a certification of 1 prescriptions of Norco 10/325mg #78 between 9/27/2013 and 12/1/2013 is not medically necessary.

2 prescriptions of Protonix 20mg #60 between 9/27/2013 and 12/1/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the patient had signs and symptoms of dyspepsia secondary to NSAID therapy. Additionally, there was lack of documentation indicating the efficacy of the requested medication. Given the above, the request for two prescriptions of Protonix 20mg #60 between 9/27/2013 and 12/1/2013 is not medically necessary.