

Case Number:	CM13-0047374		
Date Assigned:	12/27/2013	Date of Injury:	12/23/1996
Decision Date:	04/18/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/14/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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 61-year-old male with date of injury of 12/23/1996. According to progress report dated 10/10/2013 by [REDACTED], the patient presents with cervical pain, thoracic pain, and lumbar pain and headache. The patient is currently taking OxyContin, diazepam, Norco, GlycoLax, Lidoderm patch, Aciphex, Baclofen and Nitro Quick. Physical exam shows tenderness noted over the C4 paraspinal is severe, C5 paraspinal is severe, C6 paraspinal is severe, C7 paraspinal is severe, head and neck in neutral position, full painless range of motion of the neck, normal stability, normal strength and tone. Treating physician is requesting a refill for OxyContin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40 MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: The patient presents with chronic cervical, thoracic, and lumbar pain and headache. The treating physician is requesting a refill for OxyContin. Utilization review dated 10/15/2013 denied the request stating that "Documentation does not identify measurable analgesic benefits with the use of opioids and there is no documentation of functional/vocational benefit with ongoing use (despite being prescribed the current combination of 200 MED, which is well above the recommended maximum of 120 MED)." Correspondence dated 04/29/2013 mentions medication efficacy stating, "He has been successfully maintained on his current dose of medication. He has tried other opioids and been unable to take them either due to allergic reaction and/or adverse side effects. He has failed other non- opioid medications for the same reason.... With these treatments he is able to get out in the community and play with his grandchildren. I have never seen him appear to be overmedicated. He has severe cardiac disease and his cardiologist is concerned he couldn't handle detox safely." Review of 80 pages of reports show that the patient has been taking Oxycontin since 2012. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behaviors) are required. Furthermore, under outcome measures, it also recommends documentation of great pain, least pain, time it takes for medications to work, duration of pain relief with medications, etc. None of the 80 pages of records contained documentation of average pain, least pain, time it takes for medications to work, duration of pain relief as it relates to medication use as required by MTUS. Furthermore, the treating physician fails to document functional level using a numerical scale or a validated instrument as required once every six months. The patient should slowly be weaned as outlined in MTUS Guidelines. Therefore, recommendation is for denial.

NORCO 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: This patient presents with chronic cervical, thoracic, and lumbar pain, and headache. The treating physician is requesting refill for Norco. Utilization review dated 10/15/2013 denied the request stating that "Documentation does not identify measurable analgesic benefit with the use of opioids and there is no documentation of functional/vocational benefit with ongoing use. The patient has had two inconsistent UDS and there is no documentation of a signed opiate agreement." Urine drug screen report dated 01/24/2013 shows test outcome for Norco was negative despite being prescribed this medication. Review of reports from 09/05/2012 to 10/10/2013 showed that the patient has been taking Norco since 2012. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behaviors) are required. Furthermore, under outcome measures it also recommends documentation of great pain, average pain, least pain, time it takes for medications to work, duration of pain relief with medications, etc. Correspondence dated 04/29/2013 by [REDACTED] mentions medication efficacy stating, "He has

tried other opioid and been unable to take them either due to allergic reaction and/or adverse side effects. He has failed other non-opioid medications for the same reason.... With these treatments he is able to get out in the community and play with his grandchildren. I have never seen him appear to be overmedicated." None of the reports provided show documentation of pain assessment using a numerical scale representing before and after functional levels. MTUS further requires under outcome measures "(D) documentation including: Current pain, average pain, least pain, duration of relief from medications, etc." In this case, none of these information or documentation was provided. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, recommendation is for denial.