MAXIMUS Federal Services

Case Number:	CM13-0055265		
Date Assigned:	02/24/2014	Date of Injury:	02/22/2002
Decision Date:	04/24/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/20/2013

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 & 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:

This patient reported a 2/22/02 industrial injury claim. She has been diagnosed with postlaminectomy syndrome, cervical and thoracic/lumbar neuritis. According to the 10/2/13 pain management report from [redacted], the patient presents with back and neck pain, increased with activity, decreased by rest and medication. She takes OxyContin 60mg tid; OxyIR 30mg 1-2 tabs up to 4x/day prn; MSIR 30mg q4h. There is no pain assessment or discussion of efficacy on the 10/2/13 report. On the 8/6/13 report, the patientâ¿¿s pain was reported to decrease to 4/10 with medications and was 8/10 without, and she was on the same dosage as 10/2/13. On 6/13/13 the pain was 9/10 without meds and 6/10 with. She had a UDS on 6/13/13 that was inconsistent showing additional benzodiazepine medications that are not mentioned by [redacted] On 11/19/13 [redacted] utilization review (UR) denied the medications, speculating that the patient should have been weaned off opioids, after they â¿¿warnedâ¿ • the physician on prior reviews.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86-89.

Decision rationale: The patient presents with chronic neck pain/post laminectomy syndrome. Her pain has been controlled with high dose narcotic analgesics. MTUS on page 11 states: "Duration of the treatment shall be consistent with the definition of chronic pain as set forth in Section 9792.20(c) and page 1 of these guidelines, and the treatment shall be provided as long as the pain persists beyond the anticipated time of healing and throughout the duration of the chronic pain condition" MTUS requires treatment of pain for as long as it persists. MTUS does not require weaning or discontinuing medications, even with an unsatisfactory response. MTUS states if the response is unsatisfactory, the physician should assess the appropriateness of the current treatment plan and consider other modalities. MTUS states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The pain management physician has shown pain decreasing 3-4 points on a VAS with medications. According to MTUS, this is a satisfactory response. MTUS does not require tapering or discontinuing medications that are providing a satisfactory response.

OXYCODONE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86-89.

Decision rationale: The patient presents with chronic neck pain/post laminectomy syndrome. Her pain has been controlled with high dose narcotic analgesics. MTUS on page 11 states: "Duration of the treatment shall be consistent with the definition of chronic pain as set forth in Section 9792.20(c) and page 1 of these guidelines, and the treatment shall be provided as long as the pain persists beyond the anticipated time of healing and throughout the duration of the chronic pain condition" MTUS requires treatment of pain for as long as it persists. MTUS does not require weaning or discontinuing medications, even with an unsatisfactory response. MTUS states if the response is unsatisfactory, the physician should assess the appropriateness of the current treatment plan and consider other modalities. MTUS states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The pain management physician has shown pain decreasing 3-4 points on a VAS with medications. According to MTUS, this is a satisfactory response. MTUS does not require tapering or discontinuing medications that are providing a satisfactory response.

MORPHINE SULFATE IR (MSIR): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86-89.

Decision rationale: The patient presents with chronic neck pain/post laminectomy syndrome. Her pain has been controlled with high dose narcotic analgesics. MTUS on page 11 states: "Duration of the treatment shall be consistent with the definition of chronic pain as set forth in Section 9792.20(c) and page 1 of these guidelines, and the treatment shall be provided as long as the pain persists beyond the anticipated time of healing and throughout the duration of the chronic pain condition" MTUS requires treatment of pain for as long as it persists. MTUS does not require weaning or discontinuing medications, even with an unsatisfactory response. MTUS states if the response is unsatisfactory, the physician should assess the appropriateness of the current treatment plan and consider other modalities. MTUS states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The pain management physician has shown pain decreasing 3-4 points on a VAS with medications. According to MTUS, this is a satisfactory response. MTUS does not require tapering or discontinuing medications that are providing a satisfactory response.