

Case Number:	CM13-0067696		
Date Assigned:	01/08/2014	Date of Injury:	04/17/2001
Decision Date:	05/30/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/18/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 an employee of [REDACTED] and has submitted a claim for degenerative disc disease of lumbar spine, and failed back syndrome associated with an industrial injury date of April 17, 2001. Treatment to date has included NSAIDs (non-steroidal anti-inflammatory drugs), topical analgesics, opioids, narcotics, anticonvulsants, radiofrequency ablation, epidural steroid injections, and surgery. Progress notes reviewed from 2012-2013 revealed persistent feet and low back pain described as constant, hot-burning, sharp; aggravated by prolonged standing and sitting, and partially relieved by pain medications. The patient reported being awakened by pain and decrease in activities of daily living. Earliest reported use of Oxycodone, Oxycontin, Subsys, and Lidoderm is December 19, 2012. Latest progress notes, dated December 23, 2013, revealed persistence of low back and feet pain with the addition of thigh pain. The pain was described to be: dull, burning, numbing, and graded 6/10. With opioids medications the patient noted that: sitting tolerance was improved by 40%, standing tolerance was improved by 40%, walking tolerance was improved by 40%, lifting tolerance was improved by 10%, household chore tolerance was improved by 10%, and work tolerance was improved by 10%. Physical examination showed tenderness at the paraspinal muscles from T8-T9 and paralumbar area. Muscle spasm was noted at the left paraspinous muscle from T7-T10, paralumbar muscles, as well as left rhomboid. There was atrophy or wasting of the paralumbar muscles. Range of motion of the thoracic spine and lumbar spine was restricted on all planes with presence of pain. There was no crepitation, laxity, or instability. Motor strength was graded 4/5 at both lower extremities. Gait was antalgic. Utilization review from December 11, 2013 revealed partial certification for both Oxycodone 15MG #84 and Oxycontin 40MG #112 into oxycodone 15mg, #22, and Oxycontin 40mg, #68. Reasons for partial certification were: reports of dyspnea attributed to excessive dosages of opioids and history of long-term use without clear

cut benefits, and recommendation for weaning was given. Subsys 600MCG/spray #60 was non-certified because it is not recommended for musculoskeletal pain. Lidoderm 5% patch #30 was partially certified as trial only.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 15MG #84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long Term Users Of Opioids (6 months or more)..

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

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, Oxycodone was prescribed to help alleviate the chronic feet and low back pain of the patient since December 19, 2012. He reported pain relief and improved functional activities associated with its use.

OXYCONTIN 40MG #112: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LONG TERM USERS OF OPIOIDS (6 MONTHS OR MORE)..

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

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, Oxycontin was prescribed to help alleviate the chronic feet and low back pain of the patient since December 19, 2012. He reported pain relief and improved functional activities associated with its use. Urine drug screens were consistent, and there was no evidence of aberrant drug behavior. However, a note from 10/30/2013 cited that patient should be started on a weaning process due to chronicity of opioid use. The requested quantity of Oxycontin is not recommended. Furthermore, patient had episodes of dyspnea which may be associated to high-dose opioid use. The request for oxycontin 40mg, 112 count, is not medically necessary or appropriate.

SUBSYS 600 MCG SPRAY #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES. PAIN (ACUTE AND CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Subsys.

Decision rationale: The CA MTUS does not address Subsys specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Subsys was used instead. The ODG states that Subsys is not recommended for musculoskeletal pain; it is approved for breakthrough cancer pain. In this case, Subsys was prescribed to help alleviate the chronic feet and low back pain of the patient since December 19, 2012. However, there is no documentation indicating that the patient has cancer or breakthrough cancer pain. Subsys is not recommended for musculoskeletal pain. The request for subsys 600 mcg spray, sixty count, is not medically necessary or appropriate.

LIDODERM 5% PATCH #30 WITH 4 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: As stated in the Chronic Pain Medical Treatment guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Patient has been on this medication since December 19, 2012 as an adjunct to alleviate chronic feet, thigh, and low back pain. Progress reports reviewed revealed failure of other treatment modalities. However, the patient is not presenting with a localized type of peripheral pain based on the widespread area of complaints as stated above. The request for lidoderm 5% patch, thirty count with four refills, is not medically necessary or appropriate.