

Case Number:	CM14-0017142		
Date Assigned:	02/21/2014	Date of Injury:	03/07/2008
Decision Date:	06/26/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/11/2014

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 Acupuncture and Pain Medicine 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 injured worker is a 66 year-old female, with a date of injury of 03/07/2008, with related neck pain that radiated down both arms. Per the 01/23/2014 progress report, she had cervical epidural steroid injection (CESI) on 01/17/2014, which caused increased burning in both hands, in the shoulders and the trapezius. Her increased pain causes difficulty sleeping. The pain was rated at 7-8/10. An MRI of the cervical spine dated 09/26/2008 revealed inflammatory facet arthropathy at C3-C4, C4-C5, and C5-C6 associated with mild anterolisthesis and neural foraminal stenosis. Multilevel degenerative disc disease with most focal finding of 3mm posterolateral foraminal protrusion were identified. She has been treated with physical therapy, and medication management. The date of the utilization review (UR) decision was 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE HCL 5 MG #30, TAKE ONE (1) DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific drug list Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,92.

Decision rationale: The Chronic Pain Guidelines indicate that for the on-going management of opioids, "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 potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking 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." The review of the available medical records reveal no documentation to support the medical necessity of oxycodone nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The guidelines consider this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior, such as CURES report, urine drug screen (UDS), and opiate agreement are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Since the guidelines recommend to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

BUTRANS 5 MCG/HR PATCH #4, ONE (1) PATCH EVERY WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 01/07/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine and Opioids Page(s): 26-27 and 78.

Decision rationale: The Chronic Pain Guidelines indicate that Buprenorphine is "Recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa-receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor)." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The

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