

Case Number:	CM14-0110348		
Date Assigned:	08/01/2014	Date of Injury:	08/02/1995
Decision Date:	09/12/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 64 year-old individual was reportedly injured on August 2, 1995. The mechanism of injury is noted as a crush type event. The most recent progress note, dated June 20, 2014, indicates that there are ongoing complaints of "out-of-control" low back pain that is causing the injured employee to be bedridden. The physical examination demonstrated a 5'4", 142 pound individual who is normotensive. Urine drug screening was positive for MS Contin, hydromorphone, morphine, nicotine, oxycodone and oxymorphone. Diagnostic imaging studies objectified were not reported. Previous treatment includes multiple surgeries, multiple medications, pain management interventions (indwelling catheter) and other conservative care. A request had been made for multiple medications and was not certified in the pre-authorization process on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78.

Decision rationale: When noting the most recent clinical evaluation, the identification that the pain is "out-of-control" and that multiple narcotic medications are being employed, there is a clear clinical indication to continue urine drug screening as the abuse potential is significant, and the levels of drugs need to be monitored carefully given the multiple opioids involved. Therefore, this request is medically necessary.

OxyContin 40mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: Given the most recent complaints, noting the most current physical examination, and that there is no objectification presented that there is any efficacy or utility with the utilization of this preparation there is no medical evidence presented to support this medication. The med for this medication alone would be 240, twice the recommended dosing. Clearly, when noting the level of pain complaints, the amount of medication being used, the lack of any efficacy there is no clear clinical indication presented to continue this medication as this is clearly not working. A comprehensive review of all the medications and their relative efficacy should be completed prior to any additional interventions. Based on the records presented this is not medically necessary.

Gale Herbal Formulation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: There is no guideline to address Gale Herbal Formulation. Therefore, clinical judgment and experience was applied.

Decision rationale: When noting the numerous narcotic medications being employed, constipation is a concern. However, there are no complaints of such a malady, there are no physical examination findings noting that this exists, and there is no literature presented or identified to support this herbal remedy. Therefore, based on a lack of clinical information as well as a lack of complaints this is not medically necessary.

Vitamin B-12 Injection x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT INDEX 7TH EDITION (WEB) 2012,PAIN ON VITAMIN B.

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 updated July, 2014.

Decision rationale: This is not addressed in the ACOEM or MTUS guidelines. The parameters noted in the ODG were applied. As noted in the ODG, such injections are "not recommended" as the efficacy for treating peripheral neuropathy with this medication is not clear. There is insufficient medical evidence to support this intervention. Therefore, this request is not medically necessary.

OxyContin 40mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74, 78, 93.

Decision rationale: As noted in the MTUS, dosing should not exceed 120 med per day. This medication combined with other opioid analgesics would result in an med of five times this amount. With that, the pain complaints are noted to be "out-of-control" and there is a clear need for a comprehensive reassessment of the medication protocols. Therefore, based on a complete lack of efficacy, noting that the med is well beyond the suggested parameters there is no clinical indication to continue this medication protocol as there is no objectified efficacy. Therefore, this medication is not medically necessary.