

Case Number:	CM14-0111111		
Date Assigned:	08/01/2014	Date of Injury:	03/08/2010
Decision Date:	09/25/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/16/2014

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, 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 56 year old female with an injury date of 03/08/10. The 06/12/14 progress report by [REDACTED] states that the patient presents with continued, aching, constant neck pain with occasional nausea and vomiting. Pain is rated 10/10 with medication. The medication only helps the pain in the neck. An examination reveals decreased range of motion of the head and neck-cervical spine and tenderness at the lumbar spine, tenderness at the facet joint and limited range of motion. The patient's diagnoses include cervical pain/cervicalgia, headache and lumbago, low back pain. The current medications are listed as Oxycontin, Oxycodone, Limbrel and Ativan The utilization review being challenged is dated 07/03/14. The rationale in regard to Limbrel (Flavocoxid) is that for a medical food to be considered evidence of a specific nutritional deficit would be required. Treatment reports were provided from 01/09/14 to 07/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 30MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89.

Decision rationale: The patient presents with chronic aching, constant neck pain rated 10/10 with medication and with occasional nausea and vomiting. The physician's request is for Oxycodone 30 mg #180. It is not known exactly how long the patient has been taking this medication. The reports provided show it as a current medication for the period 02/13/14 to 06/12/14. The MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The physician does use numerical pain scales in the progress reports. On 05/11/14 the report states that medications had recently been inadequate in controlling pain and on 03/16/14 the medications work well. The physician does not discuss adverse side effects or adverse behavior; however on 02/16/14 there is discussion of the need to taper medications, and on 02/13/14 there is a discussion of the need for medications due to the effects of withdrawal for the patient. The physician makes no mention of specific ADL's that show a significant change with the use of this medication. There is not sufficient documentation of opioid use as required by MTUS above; therefore the request is not medically necessary.

OXYCONTIN 30MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89.

Decision rationale: The patient presents with chronic aching, constant neck pain rated 10/10 with medication and with occasional nausea and vomiting. The physician request is for Oxycontin 30 mg #90. The reports provided show it as a current medication for the period 01/16/14 to 06/12/14. The MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The physician does use numerical pain scales in the progress reports. On 05/11/14 the report states that medications had recently been inadequate in controlling pain and on 03/16/14 the medications work well. The physician does not discuss adverse side effects or adverse behavior; however on 02/16/14 there is discussion of the need to taper medications, and on 02/13/14 there is a discussion of the need for medications due to the effects of withdrawal for the patient. The physician makes no mention of specific ADL's that show a significant change with the use of this medication. There is not sufficient documentation of opioid use as required by MTUS above; therefore the request is not medically necessary.

LIMBREL 500MG #60: Overturned

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 Official Disability Guidelines (ODG) Pain (Chronic).

Decision rationale: The patient presents with chronic aching, constant neck pain rated 10/10 with medication and with occasional nausea and vomiting. The physician requests for Limbrel (Flavocoxid) 500 mg #60. The reports provided indicate the patient has been taking this medication since 03/27/14. The ODG guidelines state that Limbrel is under study for arthritis in patients at risk of adverse effects from NSAIDs. The ODG also notes that Limbrel is not included in the ODG Drug Formulary because it is not a drug. If it were covered in the formulary it would be an N drug as it is not recommended as a first line drug, but only after other drugs have been trialed and found to produce adverse effects. The physician states in the 03/27/14 report that the patient cannot tolerate NSAID, even Celebrex, and Limbrel, a medical food good for inflammation, will be tried. The patient has documented adverse effects from NSAIDs with discussion indicating the trial of different types. Therefore the request is medically necessary.

ATIVAN 1MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines.

Decision rationale: The patient presents with chronic aching, constant neck pain rated 10/10 with medication and with occasional nausea and vomiting. The physician requests for Ativan 1 mg # 30. The treatment reports provided show this as a current medication from 01/14/14 to 06/12/14. The 05/22/12 agreed medical evaluation report also lists this as one of the patient's medications. MTUS page 24 states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The documentation shows the patient has been using this medication for at least several months. This use is outside what is recommended by MTUS. Therefore, the request is not medically necessary.