

Case Number:	CM14-0139044		
Date Assigned:	09/05/2014	Date of Injury:	08/25/2000
Decision Date:	10/02/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/27/2014

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 & 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 male with an injury date on 08/25/2000. Based on the 08/18/2014 progress report provided by [REDACTED], the patient complains of chronic neck pain, cervical degenerative disc disease, and bilateral upper extremity pain. The patient describes his pain as burning and stabbing on bilateral shoulders. His current pain level is a 4-5/10 with medication and is a 10/10 without. The progress reports provided do not discuss any positive exam findings. The patient's diagnoses include the following: 1. Postlaminectomy syndrome of cervical region 2. Degeneration of cervical intervertebral disc 3. Paresthesia of upper limb 4. Cervicalgia 5. Paresthesia of hand 6. Paresthesia of lower extremity 7. Paresthesia of foot 8. Chronic pain syndrome 9. Cervical radiculopathy [REDACTED] [REDACTED] is requesting for MS Contin ER 60 mg #90, MS Contin ER 15 mg #90, and Oxycodone IR 30 mg #80. The utilization review determination being challenged is dated 08/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/17/2014 to 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin ER 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89; 78.

Decision rationale: MTUS Guideline 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. Based upon review of the reports from 02/17/2014 to 08/18/2014, his pain when taking medications has been 4-5/10 and without is an 8-10/10. The patient reports a stable pain levels with functional improvements of ADL's such as walking, shopping and movement for 15-30min. The effects would last 8 hours. No side effects are associated. MTUS, however, requires "significant" improvements with ADL's as one of the definitions of functional improvements. The treater's documentation only shows walking, shopping and movement for 15-30 minutes to show improvement which is quite minimal. There is no discussion of return to work, or other significant improvements in ADL's. Furthermore, the patient's total opiates significantly exceeds 120meq dose allowed by MTUS and the patient presents with non-cancerous, musculoskeletal pain. There is no discussion of aberrant drug behavior such as urine toxicology. Outcome measures are inadequately documented. The request is not medically necessary.

MS Contin ER #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 9, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89; 78.

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Oxycodone IR 30mh #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89; 78.

Decision rationale: MTUS Guideline 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. Based upon review of the reports from 02/17/2014 to 08/18/2014, his pain when taking medications has been 4-5/10 and without is an 8-10/10. The patient reports a stable pain levels with functional improvements of ADL's such as walking, shopping and movement for 15-30min. The effects would last 4 hours. No side effects are associated. MTUS, however, requires "significant" improvements with ADL's as one of the definitions of functional improvements. The treater's documentation only shows walking, shopping and movement for 15-30 minutes to show improvement which is quite minimal. There is no discussion of return to work, or other significant improvements in ADL's. Furthermore, the patient's total opiates significantly exceeds 120meq dose allowed by MTUS and the patient presents with non-cancerous, musculoskeletal pain. There is no discussion of aberrant drug behavior such as urine toxicology. The request is not medically necessary.