

Case Number:	CM14-0139997		
Date Assigned:	10/14/2014	Date of Injury:	02/12/2003
Decision Date:	11/14/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	08/28/2014

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 Texas. 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 medical records provided reflect that the claimant is a 38 year old male who sustained a work injury on 2-12-03. An Office visit on 8-29-14 notes the claimant underwent surgery on 6-25-14 to the right elbow. He is treated with medications. The worker admits pain as 8-9/10. He reports spasms sometimes and numbness and tingling. On exam, he had right wrist flexion to 20 degrees and extension to 15 degrees. There was no swelling to the wrist and the right hand. It is noted the claimant is status post multiple surgeries to include removal of radial head implant, triceps rupture, failed repair of Achilles tendon graft with infection, skin slight, skin graft and reattachment of triceps in June 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - opioids

Decision rationale: The Chronic Pain Medical Treatment Guidelines as well as the ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). This claimant has high levels of pain. He admits pain as 8-9/10. There is an absence in documentation noting that the claimant has functional improvement with this medication or any documentation that this medication improves psychosocial functioning. Therefore, the medical necessity of this request is not established.

Oxycodone 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - opioids

Decision rationale: The Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). This claimant has high levels of pain. He admits pain as 8-9/10. There is an absence in documentation noting that the claimant has functional improvement with this medication or any documentation that this medication improves psychosocial functioning. Therefore, the medical necessity of this request is not established.

Xanax 1mg 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (acute and chronic)

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

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect 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. There is an absence in documentation noting that this claimant has a diagnosis or a condition that would support exceeding current treatment guidelines or that there are extenuating circumstances to support the long term use of this medication. Therefore, the medical necessity of this request is not established.

Zofran 4mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (acute and chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US National Library of medicine

Decision rationale: The US National Library of medicine reflects that Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. Ondansetron is in a class of medications called serotonin 5-HT₃ receptor antagonists. It works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting. There is an absence in documentation noting that this claimant has nausea or vomiting due to cancer chemotherapy radiation or at this juncture, so far removed from surgery. Therefore, the medical necessity of this request is not established.

Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - topical analgesics

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or

safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant failed first line of treatment or that he cannot tolerate the oral medications that are being prescribed. Therefore, the medical necessity of this request was not established.

Ten panel urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (acute and chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids ongoing use.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There is an absence in documentation noting that this claimant has misuse or abuse in the use of her medications. Therefore, the requested non-specific urinalysis is considered not medically necessary.

EMG/NCS for the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - opioids

Decision rationale: The ACOEM guidelines reflect that Needle EMG is recommended when a spine CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be an identifiable neurological compromise. This includes extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc. EMG is not recommended for claimants with sub-acute or chronic spine pain who do not have significant arm or leg pain, paresis or numbness. There is an absence in objective documentation to support a suspicion of a nerve entrapment. Therefore, the medical necessity of this request is not established.