MAXIMUS Federal Services

Case Number:	CM14-0151445		
Date Assigned:	09/19/2014	Date of Injury:	12/24/1991
Decision Date:	10/20/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/17/2014

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:

Medical records reflect the claimant is a 75 year old male who sustained a work injury on 12-24-91. The claimant has a history of L5-S1 fusion. Office visit on 8-7-14 notes the claimant has increased severe neck, hips and lower back pain that interferes with ADL's. The claimant uses a cane. The claimant has been provided with medications, trigger point injections, SCS that was removed on 9-6-12 and a functional multidisciplinary program. The claimant had a UDS that was consistent with the medications provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #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: 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). There is an absence in documentation noting that the claimant has functional improvement with this medication. Quantification of improvement if any, or any documentation that this medication improves psychosocial functioning. Therefore, the medical necessity of this request is not established.

1 Current Opioid Misuse Measure (COMM) test for opiate misuse: 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 (Chronic)

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 - screening tests for risk of addiction and misuse

Decision rationale: ODG notes that (G) Current Opioid Misuse Measure (COMM): (Meltzer, 2011) (Butler, 2007) A 17-item self-report that helps to track current aberrant medication-related behaviors during opioid treatment. It is recommended for use in patients who have been taking opioids for an extended period of time. The authors recommend using this scale in tandem with the SOAPP-R. The cut-off score for high risk is 9 or higher. There is an absence in documentation noting that this claimant has aberrant medication related behaviors. His UDS was consistent with the medications provided. There is an absence in documentation noting the medical necessity of this request.

1 intrathecal pain pump: 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 (Chronic), Implantable drug-delivery systems (IDDSs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines implantable drug delivery systems Page(s): 52-54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) implantable drug delivery systems

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that implantable drug delivery systems are used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of the following criteria are met and

documented by treating providers in the medical record: (1) Non-opioid oral medication regimens have been tried and have failed to relieve pain and improve function (see functional improvement); and (2) At least 6 months of other conservative treatment modalities (injection, surgical, psychological or physical), have been ineffective in relieving pain and improving function; and (3) Intractable pain secondary to a disease state with objective documentation of pathology in the medical record (per symptoms, physical examination and diagnostic testing); and (4) Further surgical intervention or other treatment is not indicated or likely to be effective; and (5) Independent psychological evaluation has been obtained and evaluation states that the pain is not primarily psychological in origin, the patient has realistic expectations and that benefit would occur with implantation despite any psychiatric comorbidity; and (6) No contraindications to implantation exist such as sepsis, spinal infection, anticoagulation or coagulopathy; and (7) There has been documented improvement in pain and function in response to oral opioid medications but intolerable adverse effects preclude their continued use; and (8) A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-7 above are met. (9) For average hospital LOS if criteria are met, see Hospital length of stay (LOS).If treatment is determined to be medically necessary, as with all other treatment modalities, the efficacy and continued need for this intervention and refills should be periodically reassessed and documented.There is an absence in documentation noting that this claimant has had psychological clearance or that he has had a trial in order to consider this form of treatment. Therefore, the medical necessity of this request is not established.