MAXIMUS Federal Services

Case Number:	CM14-0152631		
Date Assigned:	09/22/2014	Date of Injury:	04/05/2001
Decision Date:	10/22/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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 Occupational Medicine 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 64-year-old male who has submitted a claim for chronic neck and low back pain associated with an industrial injury date of April 5, 2001.Medical records from 2014 were reviewed. The patient complained of neck, upper back, arms and legs. There is mostly axial pain radiating to the lateral thigh to the left knee cap. Pain was rated 6/10 with medications and 9/10 without medications. He has several other problems including dysthymia, insomnia and psychalgia. No recent physical examination of the spine was provided. Latest examination of the spine was on January 23, 2014 which showed an antalgic gait; mild spasm of the lumbar musculature; limitation of motion of the lumbar spine; tenderness over the spinous and paraspinous area of the lumbar spine, facet joints of the lumbar spine, gluteals, PSIS and sacrum; positive FABER test on the right; positive SLR test on the left eliciting back pain; and positive facet loading test, greater on the right. The diagnoses were chronic pain due to trauma; cervical spondylosis without myelopathy; COAT; cervical degenerative disc disease; cervical radiculopathy; lumbar spinal stenosis; chronic low back pain; chronic thoracic or lumbosacral radiculopathy; depression/anxiety; pain in joint involving the lower leg; chronic neck pain; cervical spinal stenosis; lumbar facet joint arthropathy; and cervical facet joint pain. Treatment to date has included Naproxen, Hydrocodone/Acetaminophen, Tylenol, Trazodone, Oxycodone, Miralax, fentanyl patch, knee arthroscopy, bilateral shoulder surgeries, cervical medial branch nerve block, lumbar facet injections, physical therapy and aqua therapy. Utilization review from September 9, 2014 modified the requests for Fentanyl 25 mcg #15 to #10, and Oxycodone HCL 15mg #90 to #60 to prevent withdrawal. Criteria for ongoing opioid use were not met, and the records do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic. Also recent urine drug screen report was not specified in the records provided. The request for Neurosurgery Consultation and Treatment was also denied.

Significant objective evidence of neurological deficit, abnormal imaging studies and response to previous conservative therapy were not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25 mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Fentanyl, Opioids Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Fentanyl transdermal, page 93; Opioids, criteria for use, page 78-80 Page(s): 93; 78-80.

Decision rationale: Page 93 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that fentanyl transdermal system is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. On-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, fentanyl 25mcg patch was used as far back as August 13, 2014. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. Moreover, it is unclear whether the patient has returned to work and no urine drug screen reports were provided. The guideline requires documentation of functional and pain improvement, appropriate medication use, and return to work for continued opioid use. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Fentanyl 25 mcg #15 is not medically necessary.

Oxycodone HCL 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Opioids, criteria for use Page(s): 78-80.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, oxycodone was used as far back as August 13, 2014. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. Moreover, it is unclear whether the patient has returned to work and no urine drug screen reports were provided. The guideline requires documentation of functional and pain improvement, appropriate medication use, and return to

work for continued opioid use. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Oxycodone HCL 15mg #90 is not medically necessary.

Neurosurgery Consultation and Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Second Edition (2004), Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127, 156

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. In this case, the most recent physical examination of the spine provided was on January 2014 (9 months to date). There were no current objective evidences showing neurologic deficits that warrant consult with a Neurosurgeon. Moreover, there was no documentation of red flags or progression of symptoms of the cervical and lumbar spine. There was also no evidence showing trial and failure of conservative treatment to manage pain. The medical necessity has not been established. There was no evidence of complexity of the condition that warrant consult with a specialist at this time. Furthermore, the request includes a nonspecific treatment that should be given only after neurological consult is done. Therefore, the request for Neurosurgery Consultation and Treatment is not medically necessary.