MAXIMUS Federal Services

Case Number:	CM14-0171663		
Date Assigned:	10/23/2014	Date of Injury:	04/27/1991
Decision Date:	12/02/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 54 year old female who was injured on 4/27/1991. The diagnoses are cervicalgia, carpal tunnel syndrome, low back, neck and right shoulder pain. There are associated diagnoses of anxiety, depression and opioid induced constipation. The patient completed PT, home exercise program and cervical nerve block injections. On 9/11/2014, provider noted subjective complaint of a pain score of 7/10 of a scale of 0 to 10. The neck pain was radiating to the upper extremities. There were objective findings of tender muscle spasm in the cervical spine area, decreased range of motion and positive Spurling's sign test. On 7/18/2014, the patient reported significant decrease in pain with increase in activities of daily living (ADL) and physical function following cervical nerve block injections. The medications are MS Contin and hydrocodone for pain, tizanidine for muscle spasm, Paxil and Remeron for depression. The patient had utilized non-steroidal anti-inflammatory drugs (NSAIDs) and Nucynta in the past with no documented complications. The urine drug screen (UDS) was reported as consistent on 9/11/2014A Utilization Review determination was rendered on 10/15/2014 recommending modified certification for MS Contin 15mg #56 to 50 and hydrocodone/APAP 10/325mg 84 to 47.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for hydrocodone-acetaminophen 10-325mg #84: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids and Ongoing management.

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to treatment with non-steroidal anti-inflammatory drugs (NSAIDs) and physical therapy (PT). The chronic use of high dose opioids is associated with the development of tolerance, addiction, opioid induced hyperalgesia, sedation, dependency and adverse interaction with other sedatives and psychiatric medications. The records indicate that the patient is not currently utilizing NSAIDs, Transcutaneous electrical nerve stimulation (TENS), PT or other non-opioid treatment options that could reduce the daily opioid requirement. The patient has reported constipation and sweating associated with the use of opioids. The pain scores have remained high despite the chronic opioid medications indicating a possible development of hyperalgesia state. The guidelines recommend that patient on high dose opioids with psychosomatic symptoms be referred to Multidisciplinary Pain Program or Psychiatrists for safe weaning from opioid medications. The criteria for hydrocodone/APAP 10/325mg #84 were met.

1 Prescription for MS Contin 15mg #56: Upheld

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

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to treatment with NSAIDs and PT. The chronic use of high dose opioids is associated with the development of tolerance, addiction, opioid induced hyperalgesia, sedation, dependency and adverse interaction with other sedatives and psychiatric medications. The records indicate that the patient is not currently utilizing NSAIDs, TENS, PT or other non-opioid treatment options that could reduce the daily opioid requirement. The patient has reported constipation and sweating associated with the use of opioids. The pain scores have remained high despite the chronic opioid medications indicating a possible development of hyperalgesia state which can be resolved be a dose reduction or opioid rotation. The guidelines recommend that patient on high dose opioids with psychosomatic symptoms can be referred to Multidisciplinary Pain Program or Psychiatrists for safe weaning from opioid medications. The criteria for MS Contin 15mg #56 were not met.