MAXIMUS Federal Services

Case Number:	CM14-0177253		
Date Assigned:	10/30/2014	Date of Injury:	05/02/2004
Decision Date:	12/05/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/27/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 44 year-old female with a date of injury of May 2, 2004. The patient's industrially related diagnoses include lumbar facet syndrome, lumbar spondylosis, spinal backache unspecified, and mood disorder. The disputed issues are Norco 10/325mg #180 1 Q4-6hrs PRN pain and not to exceed 6/day, Ambien 10mg #25 1 daily PRN, OxyContin 10mg #60 1 BID, and Theracane (a durable medical equipment [DME]). A utilization review determination on 10/21/2014 had non-certified these requests. The stated rationale for the denial of OxyContin and Norco was: "There is still no current UDS. The treating physician's documentation is still not in accordance with CA MTUS and ODG chronic pain treatment guidelines regarding opioid treatment." The stated rationale for the denial of Ambien was: "The prior utilization review determined that the patient has been taking Ambien chronically for more than 120 days on a nightly basis. CA MTUS guidelines do no support long-term/chronic treatment with sleep/hypnotic medications. Furthermore, there has been no significant improvement noted in pain or function as a result of chronic treatment with Ambien." Lastly, the stated rationale for the denial of a Theracane was: "The current report documents that the patient did not benefit from use of a Theracane during physical therapy. CA MTUS guidelines do not support treatment with specialized or proprietary equipment in the management of neck, back, shoulder, or elbow pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Norco 10/325mg (hydrocodone/acetaminophen) is an opioid, which was recently rescheduled in October 2014 from Schedule III to the more restrictive Schedule II of the Controlled Substances Act. Therefore, it can no longer be refilled. Norco is recommended for moderate to severe pain. In regard to the use of Norco, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 nonadherent) 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". In the submitted documentation available for review, the treating physician adequately addressed pain relief, functional level, and side effects with the use of Norco. There was documentation of reduction in numeric rating scale and specific examples of functional improvement were documented. However, the evaluation of possible aberrant drug-related behavior was not adequately addressed. The treating physician stated that the injured worker adhered to a pain contract and there was no evidence or suspicion of diversion or abuse. However, there were no objective ways to confirm this such as an updated urine drug screen to assess for the use or the presence of illegal drugs and a CURES report to confirm that the injured worker is only getting opioids from one practitioner. The utilization review denied the request because there was still no current UDS and the treating physician did not provide additional information addressing this issue. In the documentation, the last UDS results were from 3/30/2011. In the progress report dated 4/14/2014, the treating physician documented that a UDS was done in office. However, there was no discussion of the results in that report or subsequent visits regarding compliance. The Official Disability Guidelines recommend urine drug testing at least on a yearly basis for low risk patients. Based on the lack of documentation, medical necessity for Norco 10/325mg #180 cannot be established at this time.

Ambien 10mg #25: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication

Decision rationale: In regard to the request for Ambien (zolpidem), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. The Official Disability

Guidelines recommend the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state that failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. In the submitted documentation available for review, the treating physician indicated that the injured worker had serious issues with insomnia related to pain. It was documented that she tried and failed other sleep induction agents including Lunesta, muscle relaxants, neuropathic medications, tri-cyclics, valerian root and over the counter (OTC) medications. However, there was no statement indicating what behavioral treatments have been attempted for the condition of insomnia. Furthermore, there is no indication that Ambien is being used for short-term use as the documentation demonstrates that she has been taking it since at least 2009. Based on the guidelines, the request for Ambien 10mg #25 is not medically necessary.

Oxycontin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: OxyContin 10mg (oxycodone) is an opioid that is recommended for moderate to severe pain. In regard to the use of OxyContin, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 nonadherent) 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". In the submitted documentation available for review, the treating physician adequately addressed pain relief and functional level with the use of OxyContin. There was documentation of reduction in numeric rating scale and specific examples of functional improvement were documented. However, the evaluation of possible aberrant drug-related behavior was not adequately addressed. The treating physician stated that the injured worker adhered to a pain contract and there was no evidence or suspicion of diversion or abuse. However, there were no objective ways to confirm this such as an updated urine drug screen to assess for the use or the presence of illegal drugs and a CURES report to confirm that the injured worker is only getting opioids from one practitioner. The utilization review denied the request because there was still no current UDS, and the treating physician did not provide additional information addressing this issue. In the documentation, the last UDS report was performed on 3/30/2011 and it was positive for hydrocodone, hydromorphone, and fentanyl. However, this request is for OxyContin and there should be an updated UDS to confirm that the injured worker is taking the current medication prescribed. In the progress report dated 4/14/2014, the treating physician documented that an UDS was done in office. However, there was no discussion of the results in that report or subsequent visits regarding compliance. The Official Disability Guidelines recommend urine

drug testing at least on a yearly basis for low risk patients. Based on the lack of documentation, medical necessity for OxyContin 10mg #60 cannot be established at this time.

Theracane: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Massage Topic

Decision rationale: Theracane is a curved, fiberglass tool with several knobs on it that allows a patient to self-massage muscles over the back at home. The California MTUS and Official Disability Guidelines are silent regarding this specific device as durable medical equipment (DME). In regard to massage therapy, the ODG recommends massage as an option in conjunction with recommended exercise programs but mechanical massage devices are not recommended. Additionally, regarding exercise, the guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. In the submitted documentation made available for review, the treating physician stated: "Per PT report, patient would benefit from Theracane, a massage tool at home to reach different areas of her back. She did note benefit with its use during PT." However, there was insufficient documentation that the injured worker failed an independent home exercise program without this device. Based on the guidelines, the request for Theracane is not medically necessary.