

Case Number:	CM14-0030660		
Date Assigned:	06/20/2014	Date of Injury:	06/30/2009
Decision Date:	08/12/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/11/2014

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 Anesthesia, has a subspecialty in Acupuncture & 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:

53y/o male injured worker with date of injury 6/30/09 with related bilateral hip pain. Per 3/3/14 progress report, his chronic bilateral hip pain persisted. He was able to walk well without using a cane at this time. Per progress report dated 1/21/14, the injured worker was in for followup of his hip replacements. He reported that the left side was bothering him a great deal while the right seemed to be doing better. He noted a great deal of difficulties forward flexing his left hip. He noted that the whole leg remained weak. Per physical exam, his gait remained antalgic, he had trouble raising the leg, he had clear weakness about the iliopsoas or hip flexors. He also had a dysesthesia down the leg. Imaging studies were not available in the documentation submitted for review. The documentation submitted for review does not state whether physical therapy was utilized. Treatment to date has included surgery, and medication management. The date of UR decision was 3/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg, Qty 75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of 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 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). Review of the available medical records reveal no documentation to support the medical necessity of Oxycontin nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Additionally, per progress reports dated 12/5/13 and 3/3/14 it was noted that the injured worker was already in the process of weaning from Oxycontin.

Gabapentin 60mg Qty 60 + 3 Refills.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of the submitted documentation indicates that the injured worker had weakness of the legs and dysesthesia suggestive of neuropathic pain. The request is medically necessary. It should be noted that the UR physician had approved this request.