MAXIMUS Federal Services

Case Number:	CM14-0035637		
Date Assigned:	06/23/2014	Date of Injury:	01/31/2003
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 58-year-old female who reported an injury on 01/31/2003. The injury reportedly occurred when a bus patron grabbed her hair and jerked her around, causing her to fall to the ground. Her prior treatments included cortisone injections to the shoulders, epidural injections to the low back, facet injection to the low back, lumbar fusion surgery, and physical therapy. At her followup visit with her treating provider on 02/27/2014, the injured worker's symptoms were noted to include pain in the low back and bilateral legs. She rated her pain at an average of 5/10, and it was noted to be 1/10 at the time of her visit. It was noted that her pain improved with medications. Her medications were noted to include clonazepam, Lyrica, Norco, Opana ER, and Soma. It was further specified that her pain level was controlled by 75% with use of medications. She denied side effects with medications, and she had improved activities of daily living specified as the ability to sit and drive for 45 minutes and complete light house cooking and laundry with use of medications. Her treatment plan was noted to include continued medications as she had been stable on her regimen. Her treating provider specified that Soma was for spasm and Opana and hydrocodone was for pain relief. A urine drug screen was noted to have been performed on 12/12/2013 and showed evidence of hydrocodone and meprobamate. However, the toxicology report failed to show evidence of oxycodone or oxymorphone. The request for authorization form was submitted for Lyrica, Norco, Opana ER, and Soma on 02/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #180 (DOS 02/27/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 80-82. Decision based on Non-MTUS Citation Washington State Dept of Labor: Guidelines for Prescribing Opioids to Treat Pain in Injured Workers.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, page 78 Page(s): 78.

Decision rationale: The request is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, adverse side effects, and appropriate medication use. In addition, a detailed pain assessment should include documentation of the injured worker's average pain, the intensity of the pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The clinical information submitted for review indicates that the patient has been utilizing her current medication regimen since at least 08/26/2013. It was noted that she received 75% pain relief with use of her current medications, and had increased ability to perform her ADLs with no adverse side effects. However, the documentation failed to address aberrant drug taking behaviors and her most recent urine drug screen was shown to have inconsistent results. Therefore, further documentation is needed addressing inconsistent results on urine drug screen and any other aberrant drug taking behaviors. Further, a pain assessment with details including the least reported pain over the period since the last assessment, the intensity of pain after taking her opioids, how long it takes for pain relief, and how long pain relief lasts, was not documented within the submitted medical records. Therefore, the injured worker does not meet the criteria for ongoing use of opioid medications according to the California MTUS guidelines. As such, the request for Norco is not medically necessary.

Retrospective Opana ER 40mg (DOS 02/27/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Page(s): 80-82. Decision based on Non-MTUS Citation Washington State Dept of Labor: Guidelines for Prescribing Opioids to Treat Pain in Injured Workers ; Official Disability Guidelines (ODG); ACOEM guidelines (3rd Edition) pg. 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, page 78 Page(s): 78.

Decision rationale: The request is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, adverse side effects, and appropriate medication use. In addition, a detailed pain assessment should include documentation of the injured worker's average pain, the intensity of the pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The clinical information submitted for review indicates that the patient has been utilizing her current medication regimen since at least

08/26/2013. It was noted that she received 75% pain relief with use of her current medications, and had increased ability to perform her ADLs with no adverse side effects. However, the documentation failed to address aberrant drug taking behaviors and her most recent urine drug screen was shown to have inconsistent results. Therefore, further documentation is needed addressing inconsistent results on urine drug screen and any other aberrant drug taking behaviors. Further, a pain assessment with details including the least reported pain over the period since the last assessment, the intensity of pain after taking her opioids, how long it takes for pain relief, and how long pain relief lasts, was not documented within the submitted medical records. Therefore, the injured worker does not meet the criteria for ongoing use of opioid medications according to the California MTUS guidelines. As such, the request for Opana is not medically necessary.