

Case Number:	CM14-0035668		
Date Assigned:	06/23/2014	Date of Injury:	07/30/2003
Decision Date:	07/22/2014	UR Denial Date:	03/12/2014
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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 65 year old male who was injured on 7/30/03. He was diagnosed with low back pain related to L4-L5 and L5-S1 disc disruptions, bilateral knee osteoarthritis, depression, and is morbidly obese which has limited his ability to function except with medication use to help control his back pain. He has been treated over the years with oral medications including opioids, exercise, and topical analgesics. On 2/11/14 he was seen by his treating physician and physician's assistant complaining of his low back, knees, and shoulders pain and requested a medication refill. He also reported not being able to be very active due to the pain. He was recommended to continue his Percocet and Oxycontin and tests were ordered for complete blood count (CBC), comprehensive metabolic panel (CMP), and hepatic panel. He was also recommended he lose weight, keep trying to walk and return in 1 month for follow-up. The prior 2 appointment progress notes were similar in their report of how the patient which was unchanged and dependent on his medications for pain reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Complete Blood Count (CBC), Comprehensive Metabolic Panel (CMP), hepatic profile: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Website: Medscape, Opioid Abuse Workup, <http://emedicine.medscape.com/article/287790-workup>.

Decision rationale: The MTUS Guidelines do not address blood count, metabolic, or liver testing. Medscape discusses testing that may be appropriate in someone that is dependent on opioids such as this worker. It may be helpful to look for electrolytes and a complete blood count in situations of suspected withdrawal and liver tests in situation of excessive liver-dependent medications such as acetaminophen or in cases of suspected infectious hepatitis which might be an indication of IV drug abuse. In the case of this worker, there wasn't any change in dosing of his medication, no evidence of a discussion of whether or not the physician suspected IV drug abuse or overdosing of his usual medications, nor his abrupt discontinuing which might create concern for withdrawal. Since there is no documentation to justify testing for CBC, CMP, and hepatic panel (included in the CMP), these tests are not medically necessary.

Percocet 10/325,g #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids), page(s) 75 and 78 Page(s): 75 & 78.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening, review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, again the documentation of the above criteria is lacking for at least three or more office visits. Quantifiable and qualitative evaluations of pain relief and function need to be clearly documented when suggesting refills of opioids. It seems that the worker had been benefitting to some extent from these medications, but a specific goal in treatment needs to be discussed and met in order to continue opioid use. Therefore, the Percocet is not medically necessary.

OxyContin 40mg #150: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, again the documentation of the above criteria is lacking for at least three or more office visits. Quantifiable and qualitative evaluations of pain relief and function need to be clearly documented when suggesting refills of opioids. It seems that the worker had been benefitting to some extent from these medications, but a specific goal in treatment needs to be discussed and met in order to continue opioid use. Therefore, the Percocet OxyContin is not medically necessary.