MAXIMUS Federal Services

Case Number:	CM14-0043571		
Date Assigned:	07/02/2014	Date of Injury:	10/27/1993
Decision Date:	08/26/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/10/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 62-year-old male with a reported date of injury on 10/27/1993. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include chronic neck axial pain to the C7 area with intermittent right arm tingling, low back pain with bilateral radicular symptoms, cervical spondylosis with degenerative disc disease, severe disc degeneration at L5-S1 facet, bilateral neural foraminal stenosis at L4-5, neural foraminal stenosis to C5-6, and right-sided facet arthrosis. His previous treatments were noted to include physical therapy, medications, and neurotomies. The progress note dated 010/14/2014 revealed the injured worker complained the pain was so intense that it pulled him down and he suffered. The injured worker reported the rhizotomy did not help and that he was happy on his current pain control regimen. The injured worker indicated the average pain rated 3/10 to 4/10, his worst pain was 9/10, and the medications did make a difference. The injured worker described his pain as stabbing and severe, deep pain that radiated into his right hip, lower back, and down his right leg. The injured worker indicated that he was inactive because of the pain 30% to 50% of the time. His medication regimen was noted to include OxyContin 10 mg XR 12 hour tablets, 1 every 12 hours for long acting pain control; Percocet 5/325 mg tablets, 1 to 2 tablets every 6 hours as needed for breakthrough pain; Tramadol 50 mg tablets 1 to 2 tablets every 6 hours as needed for breakthrough pain; Voltaren 1% gel, apply 2 to 4 times daily as needed for inflammation. The provider indicated the injured worker had weakness and numbness with bouts of depression. The provider indicated that there was no sedation or confusion noted. The Request for Authorization form was not submitted within the medical records. The request was for Percocet 5/325 mg #180, 1 to 2 tablets every 6 hours as needed for breakthrough pain; and oxyct10m XR 12 hour tablets, 1 every 12 hours for long acting pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (specific drug list, Hydrocodone/Acetaminophen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-Going Management) Page(s): 78.

Decision rationale: The request for Percocet 5/325 mg #180 is not medically necessary. The injured worker has been utilizing medication since at least 06/2012. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker described his average pain was 3/10 to 4/10 and his worst pain was rated 9/10. The injured worker indicated he was 30% to 50% inactive because of the pain. No side effects were documented within the medical records. The provider indicated the injured worker completed a pain follow-up form. There was lack of documentation regarding aberrant behaviors and it is unclear whether the injured worker has had consistent urine drug screen and when the last test was performed. Therefore, despite evidence of significant pain relief, increase functional status, and no adverse effects, without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Oxycontin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (Oxycodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-Going Management) Page(s): 78.

Decision rationale: The request for OxyContin 10 mg #60 is not medically necessary. The injured worker has been utilizing medication since at least 06/2012. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker described his average pain was 3/10 to 4/10 and his worst pain was rated 9/10. The injured worker indicated he was 30% to 50% inactive because of the pain. No side effects were documented within the medical records. The provider indicated the

injured worker completed a pain follow-up form. There was lack of documentation regarding aberrant behaviors and it is unclear whether the injured worker has had consistent urine drug screen and when the last test was performed. Therefore, despite evidence of significant pain relief, increase functional status, and no adverse effects, without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.