MAXIMUS Federal Services

Case Number:	CM14-0047387		
Date Assigned:	07/07/2014	Date of Injury:	06/10/2006
Decision Date:	08/06/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/16/2014

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 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 47-year-old female who reported an injury on 06/10/2006. The mechanism of injury was the injured worker was assisting a customer to set up oxygen tanks. It was documented the injured worker was being monitored for aberrant drug behavior through urine drug screens. Prior treatments included an epidural steroid injection, anterior lumbar discectomy and fusion L4-5 and L5-S1 on 05/12/2008 with a posterior decompression and fusion on 05/15/2008, physical therapy, hardware removal and lumbar fusion of L3-4 on 04/29/2010, acupuncture, physical therapy, a TENS unit, and medication. The injured worker's medication history included opiates, muscle relaxants, Topamax, and Colace as of 10/17/2013. The visit note of 02/25/2014 revealed the injured worker had pain in her back and neck. The injured worker indicated that medications provided 60% to 80% relief. The diagnoses included sciatica, cervical radiculopathy, lumbar spine neuritis or radiculitis, cervicalgia, post laminectomy syndrome of the lumbar region, and lumbosacral strain. The treatment plan included oxycodone hydrochloride 15 mg 2 tablets every 4 hours, and oxycodone hydrochloride 30 mg tablets 2 tablets every 4 hours as needed, along with topiramate. Additionally, the treatment plan included a continued hope that the injured worker could be a part of an FRP program and as such, there was a request for an interdisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 21.

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

Decision rationale: The California MTUS Guidelines recommend anti-epileptic medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 3 months. There was a lack of documentation of an objective decrease in pain of at least 30% to 50% and documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Topamax 50mg #30 is not medically necessary.

Colace 250mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/ppa/docusate/html; Management of Opioid-Induced Gastrointestinal Effects www.medscape.com/viewarticle/427442_5.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend that there should be prophylactic treatment of constipation initiated when initiating opioid therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 3 months. There was a lack of documented efficacy of the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Colace 250mg #60 is not medically necessary.

Oxycodone HCL 15mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic , ongoing management,, opioid dosing Page(s): 86, 78, 60.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review failed to provide documentation of objective improvement in function, and an objective decrease in pain. There

was documentation the injured worker was being monitored for aberrant drug behavior and side effects. Additionally, if the injured worker took the 2 oxycodone strengths as recommended, the daily morphine oral equivalent dose would be 810 mg, which exceeds the 120 mg per the Guideline recommendations. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 3 months. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Oxycodone HCL 15mg #240 is not medically necessary.

Oxycodone HCL 30mg #340: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review failed to provide documentation of objective improvement in function, and an objective decrease in pain. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. Additionally, if the injured worker took the 2 oxycodone strengths as recommended, the daily morphine oral equivalent dose would be 810 mg, which exceeds the 120 mg per the Guideline recommendations. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 3 months. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Oxycodone HCL 30mg #340 is not medically necessary.

Interdisciplinary Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain functional restoration programs Page(s): 30-32.

Decision rationale: The California MTUS Guidelines recommend the use of a multidisciplinary pain management program once and adequate and thorough evaluation has been made including baseline functional testing so followup with the same test can note functional improvement and documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement along with the injured worker has a significant loss of ability to function independently resulting from chronic pain and the injured worker is not a candidate where surgery or other treatments would clearly be warranted and that negative predictors of success have been addressed. The clinical

documentation submitted for review indicated the physician remained hopeful the injured worker could gain entry into a functional restoration program. There was no specific documentation requesting a interdisciplinary evaluation. There was no DWC form RFA submitted to request the evaluation. Given the above, the request for interdisciplinary evaluation is not medically necessary.