

Case Number:	CM14-0048799		
Date Assigned:	06/27/2014	Date of Injury:	08/04/2000
Decision Date:	07/23/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/27/2014

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, has a subspecialty in California 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 patient is a 63 year-old male with an 8/4/2000 date of injury. He has been diagnosed with lumbar postlaminectomy syndrome; pain in joint, multiple sites, myalgia, spasm, pain disorder related to psychological factors, chronic pain syndrome, shoulder, pelvis and thigh pain. The patient underwent a lumbar ESI on 3/4/14 and was reported to have benefit on 3/5/14. On 3/19/14 UR denied use of #180 OxyContin 80mg from 3/4/14-5/1/14; #180 Oxycodone 15mg 3/4/14-5/1/14; unknown PT sessions, and hospital bed trail. According to the 1/9/14 report, the patient presented with low back pain radiating down his posterior left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Oxycontin 80mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines oxycontin(oxycodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86-87, 8-9 OF 127.

Decision rationale: MTUS criteria for opioids states: "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information

from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The 11/4/13 report states the patient was on 8 tablets of OxyContin 80mg, and 8 tablets of Oxycodone 15mg, or a total of 1140 MED, before he was reduced down to 4 tablets a day of each. On 11/4/13 the physician wanted to increase the dose to 6 tablets a day of each, which would be 855 MED. MTUS guidelines on opioid dosing states: Recommend that dosing not exceed 120 mg oral morphine equivalents per day. The request for OxyContin 80mg #180 or 6/day exceeds the MTUS opioid dosing recommendations, and there is no discussion of severity of pain on a numeric scale or validated instrument, to show any reduction of pain with the medication, and no mention of functional improvement, or improved quality of life. MTUS defines functional improvement as: Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restriction and a reduction in the dependency on continued medical treatment. The request is not in accordance with MTUS guidelines. Therefore, the request for 180 Oxycontin 80 mg is not medically necessary and appropriate.

180 Oxycodone 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines oxycontin(oxycodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86-87, 8-9 OF 127.

Decision rationale: MTUS criteria for opioids states: "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The 11/4/13 report states the patient was on 8 tablets of OxyContin 80mg, and 8 tablets of Oxycodone 15mg, or a total of 1140 MED, before he was reduced down to 4 tablets a day of each. On 11/4/13 the physician wanted to increase the dose to 6 tablets a day of each, which would be 855 MED. MTUS guidelines on opioid dosing states: Recommend that dosing not exceed 120 mg oral morphine equivalents per day. The request for oxycodone 15mg #180 or 6/day, (135 MED) exceeds the MTUS opioid dosing recommendations, and there is no discussion of severity of pain on a numeric scale or validated instrument, to show any reduction of pain with the medication, and no mention of functional improvement, or improved quality of life. MTUS defines functional improvement as: Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restriction and a reduction in the dependency on continued medical treatment. The request is not in accordance with MTUS guidelines. Therefore, the request for 180 Oxycodone 15 mg is not medically necessary and appropriate.

Unknown physical therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 98-99.

Decision rationale: According to the 1/9/14 report, the patient presented with low back pain radiating down his posterior left leg. The IMR request is for "unknown physical therapy sessions". This is an incomplete prescription for PT. The duration, frequency or total number of sessions are not provided. MTUS guidelines state that 8-10 sessions of physical therapy are indicated for various myalgias or neuralgias. The incomplete prescription for physical therapy does not list the number of sessions requested, and therefore cannot be verified to be in accordance with the specific number of sessions listed under the MTUS guidelines. Therefore, the request for unknown physical therapy sessions is not medically necessary and appropriate.

one hospital bed trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Low back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Hospital Beds and Accessories Number: 0543. Policy: Aetna considers hospital beds and accessories medically necessary durable medical equipment (DME) according.

Decision rationale: Aetna guidelines states hospital beds are necessary if: The member's condition requires positioning of the body (e.g., to alleviate pain, promote good body alignment, prevent contractures, or avoid respiratory infections) in ways not feasible in an ordinary bed); orThe member's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed; or the member requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered. A hospital bed is one with manual head and leg elevation adjustments. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed. In this case, the medical report does not state why the patient cannot sleep in his own bed, but can sleep on a couch. There is no mentioning of if the positioning of the body is not feasible in an ordinary bed. The patient does not require any special attachments to the bed, no discussion of CHF, or chronic pulmonary disease or problems with aspiration. The use of a hospital bed is not in accordance with the Aetna nationally recognized professional standards. Therefore, the request for one hospital bed trial is not medically necessary and appropriate.