

Case Number:	CM14-0079725		
Date Assigned:	07/18/2014	Date of Injury:	02/13/1993
Decision Date:	09/03/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old female who was injured on 2/13/1993. The diagnoses are neck pain and status post cervical spine fusion syndrome. There are associated diagnoses of constipation and mood changes. [REDACTED] noted subjective complaints neck pain that is stabbing, hot, burning, aching and tingling. There are associated complaints of numbness and muscle spasm. The pain score was 3/10 with medications but 7/10 without medications. The patient is also utilizing local ice and heat. On 2/28/2014, the patient was noted to have improved mood since returning to work. The UDS was reported as consistent. The medications are fentanyl patch, OxyContin, oxycodone and Actiq for pain, Valium for unstated indication, phenergan for nausea and DSS for opioid induced constipation. A Utilization Review determination was rendered on 4/30/2014 recommending modified certification for Oxycodone ER 30mg and Actiq 400mcg #2 daily to 200mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone ER 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.42.2
Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Guidelines addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids can be utilized for acute exacerbation of chronic pain that is non responsive to standard treatment with NSAIDs, PT and exercise. Opioids can also be utilized for long term treatment of patients who have exhausted all forms of treatments including surgeries, interventional pain management, behavioral modification and psychiatric treatments. The records indicate that the patient is utilizing multiple opioids medications including Oxycontin, Oxycodone ER, Fentanyl patch and Actiq. The patient is also utilizing Valium. The use of multiple opioids with sedatives such as valium and phenergan can be associated with increased risk of severe adverse effects and complications. There are documented opioids side effects such as constipation and nausea. The criterion for the use of Oxycodone ER 30mg was not met. As such, the request is not medically necessary and appropriate.

Actiq: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Actiq (fentanyl lollipop).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Guidelines address the use of opioids in the treatment of acute exacerbation of chronic pain that is non responsive to standard treatment with NSAIDs, PT and exercise. Opioids could also be utilized for long term treatment of chronic pain for patients who have exhausted all other treatment modalities including surgeries, interventional pain management, behavioral modification and psychiatric management. The concurrent use of high dose opioids is associated with opioid induced hyperalgesia with decreased analgesic response. The utilization of psychiatric medications and sedatives can lead to severe drug interactions and adverse effects. The records indicate that the patient is utilizing multiple opioids with in addition to other sedatives such as Valium and phenergan. A fentanyl formulation in Actiq is indicated as second line breakthrough medication for opioid tolerant patient who cannot tolerate oral opioid medications. The records did not show that the patient has failed first line opioid medications.