

<b>Case Number:</b>	CM14-0086819		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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, has a subspecialty in Interventional Spine 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 47 years old female with an injury date on 04/18/2012. Based on the 05/14/2014 progress report provided by [REDACTED], the diagnoses are: 1. Right lower extremity complex regional pain syndrome/reflex sympathetic dystrophy 2. Right foot and ankle pain 3. Probable left lower extremity complex regional pain/reflex sympathetic dystrophy According to this report, the patient complains of low back pain and right foot pain. The patient is experiencing the usual right lower extremity pain due to reflex sympathetic dystrophy/complex regional pain syndrome. Pain is rated as an 8/10; constant, throbbing, aching, and burning pain. Physical exam reveals decreased thoracolumbar range of motion. Range of motion and motor exam of the right lower extremities were "deferred secondary to RSD." Tenderness is noted at the bilateral thoracolumbar parvertebral musculature. Allodynia is present in the right ankle and foot region with minimal discoloration of the foot and ankle. The patient is noted to have an Intrathecal pump; it "contains Dilaudid 5 mg/mL and after a 35% increase today, the rate is 03878 mg 24h." The 04/21/2014 report indicates patient's pain is a 7-8/10 and an Intrathecal pump was implanted on 03/24/2014. Per patient, "she did very well until the end of the bridge bolus when she had 24 hours of vomiting." There were no other significant findings noted on this report. The utilization review denied the request on 05/20/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/07/2014 to 09/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Oxycontin 20mg with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 76-78; 88-89.

**Decision rationale:** According to the 05/14/2014 report by [REDACTED] this patient presents with low back pain and right foot pain. The provider is requesting Oxycontin 20mg #90 with 2 refills; "while getting the Intrathecal pump adjusted to a proper level" to "controls the patient's pain." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Oxycontin was first mentioned in the 04/07/2014 report; it is unknown exactly when the patient initially started taking this medication. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. No specific ADL's and opiate monitoring such as urine toxicology are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, this request is not medically necessary.

**150 Oxycodone 10mg with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 76-78; 88-89.

**Decision rationale:** According to the 05/14/2014 report by [REDACTED] this patient presents with low back pain and right foot pain. The provider is requesting Oxycodone 10mg #150 with 2 refills; "while getting the Intrathecal pump adjusted to a proper level" to "controls the patient's pain." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Oxycontin was first mentioned in the 04/07/2014 report; it is unknown exactly when the patient initially started taking this medication. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. No specific

ADL's and opiate monitoring such as urine toxicology are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, this request is not medically necessary.

**1 random Urine Drug Screen (UDS): Overturned**

**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 Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, urine drug testing

**Decision rationale:** According to the 05/14/2014 report by [REDACTED] this patient presents with low back pain and right foot pain. The provider is requesting 1 random UDS. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends a once a year urine screen following initial screening within the first 6 months for management of chronic opiate use in a low risk patient. In this case, medical records indicate the patient has not had any recent UDS, and the patient is noted to be on Oxycodone and Oxycontin, an opiate, since 04/07/2014. Therefore this request is medically necessary.

**1 follow up with specialist to review QME report: 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 office visit Page(s): 8.

**Decision rationale:** According to the 05/14/2014 report by [REDACTED] this patient presents with low back pain and right foot pain. The provider is requesting 1 follow up with specialist to review QME report. The utilization review denial letter states "Reviewing of a report with the patient would not be considerate medically necessary in the diagnosis and return to function of the patient." Regarding follow up visit, MTUS guidelines page 8 states that the provider must monitor the patient and provide appropriate treatment recommendations. In this case, it is not known why a specialist visit is needed for review of QME report and why it cannot be just reviewed as part of a routine visitation by the provider. Therefore, this request is not medically necessary.