

Case Number:	CM14-0165635		
Date Assigned:	10/10/2014	Date of Injury:	06/02/2008
Decision Date:	01/20/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 59-year-old female with a date of injury of 06/02/2008. The listed diagnoses are: 1. Pain in joint. 2. Pain in limb. 3. Backache, unspecified, spinal. 4. Joint pain, left leg. 5. Backache. According to progress report dated 09/04/2014, the patient presents with chronic low back and knee pain. Pain level has increased since last visit. There are no new problems or side effects noted, and quality of sleep is rated as fair. The patient's current medication regimen includes Colace 100 mg, MiraLax powder, Senokot, oxycodone 15 mg, methadone 10 mg, Neurontin 300 mg, Diovan 160/12.5 mg, naproxen 500 mg, Protonix 40 mg, and metoprolol 25 mg. Examination of the lumbar spine revealed range of motion is restricted with flexion limited to 35 degrees, extension limited to 10 degrees by pain. On palpation, paravertebral muscles, spasm, tenderness and tight muscle band are noted on both sides. Tenderness noted over the sacroiliac spine. Examination of the right knee revealed the range of motion is restricted with flexion limited to 40 degrees and extension limited to 15 degrees. There is tenderness to palpation noted over the lateral joint line, medial line, and patella. Treatment plan is for the patient to continue with medications including oxycodone, methadone, and Neurontin. The utilization review denied the request on 09/26/2014. Treatment reports 05/15/2014, 07/10/2014, and 09/04/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Hcl 15 mg # 180 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids Page(s): 76-80, 91-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use Of Opioids Page(s): 76-78, 88, 89.

Decision rationale: This patient presents with chronic low back and knee pain. The current request is for oxycodone HCL 15 mg #180 with 1 refill. California MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." California MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. Review of the medical file indicates the patient has been utilizing oxycodone for pain since at least 05/15/2014. The medical file provided for review includes 3 progress reports dated 05/15/2014, 07/10/2014, and 09/04/2014. At the end of each progress report, the treating physician notes "the patient is stable on current medication regimen and has not changed essential regimen in greater than 6 months. Function and activities of daily living improved optimally on current dose of medication." Besides this repeated generic statement, there is no before-and-after pain scale to denote decrease in pain or any mention of functional improvement with taking this medication. Progress report 09/04/2014 indicates the last urine drug screen (UDS) is from 04/02/2014. There is no further mention of a recent UDS, CURES report, or any discussion regarding possible adverse side effects or aberrant behaviors. The treating physician has failed to provide the minimum requirements of documentation that are outlined for MTUS for continued opiate use. The requested Oxycodone is not medically necessary and recommendation is for slow weaning per MTUS.

Methadone 10 mg # 480 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 76-80, 91-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic low back and knee pain. The current request is for methadone 10 mg #480 with 1 refill. The California (MTUS) Guidelines pages 88 and 89 state: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." California (MTUS) page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. The medical file provided for review includes 3 progress reports dated

05/15/2014, 07/10/2014, and 09/04/2014. At the end of each progress report, the treating physician notes "the patient is stable on current medication regimen and has not changed essential regimen in greater than 6 months. Function and activities of daily living improved optimally on current dose of medication." Besides this repeated generic statement, there is no before-and-after pain scale to denote decrease in pain or any mention of functional improvement with taking this medication. Progress report 09/04/2014 indicates the last urine drug screen (UDS) is from 04/02/2014. There is no further mention of a recent UDS, CURES report, or any discussion regarding possible adverse side effects or aberrant behaviors. The treating physician has failed to provide the minimum requirements of documentation that are outlined for MTUS for continued opiate use. The requested Methadone is not medically necessary.

Neurontin 300 mg # 90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (gabapentin) Page(s): 18 and 19.

Decision rationale: This patient presents with chronic low back and knee pain. The current request is for Neurontin 300 mg #90 with 1 refill. The California (MTUS) Guidelines page 18 and 19 has the following regarding Neurontin (gabapentin), "Gabapentin has been shown to be effective for the treatment of diabetic peripheral neuropathy and postherpetic neuralgia and has been considered the first-line of treatment for neuropathic pain." Review of the medical file indicates the patient has been utilizing Neurontin since at least 05/15/2014. In this case, recommendation for further use cannot be supported as the patient does not present with radicular symptoms. Each progress report notes, the patient has decreased range of motion with muscle spasms and tenderness. The requested Neurontin is not medically necessary.

Oxycodone Hcl 15 mg # 120 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use Of Opioids Page(s): 88, 89 76-78.

Decision rationale: This patient presents with chronic low back and knee pain. The current request is for oxycodone HCL 15 mg #120 with 1 refill. California MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." California MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. Review of the medical file indicates the patient has been utilizing Oxycodone for pain since at least 05/15/2014. The medical file provided for review includes 3 progress reports

dated 05/15/2014, 07/10/2014, and 09/04/2014. At the end of each progress report, the treating physician notes "the patient is stable on current medication regimen and has not changed essential regimen in greater than 6 months. Function and activities of daily living improved optimally on current dose of medication." Besides this repeated generic statement, there is no before-and-after pain scale to denote decrease in pain or any mention of functional improvement with taking this medication. Progress report 09/04/2014 indicates the last urine drug screen (UDS) is from 04/02/2014. There is no further mention of a recent UDS, CURES report, or any discussion regarding possible adverse side effects or aberrant behaviors. The treating physician has failed to provide the minimum requirements of documentation that are outlined for MTUS for continued opiate use. The requested Oxycodone is not medically necessary and recommendation is for slow weaning per MTUS. This patient presents with chronic low back and knee pain. The current request is for oxycodone HCL 15 mg #120 with 1 refill. MTUS Guidelines pages 88 and 89 state, "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 adverse 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. Review of the medical file indicates the patient has been utilizing Oxycodone for pain since at least 05/15/2014. The medical file provided for review includes 3 progress reports dated 05/15/2014, 07/10/2014, and 09/04/2014. At the end of each progress report, the treating physician notes "the patient is stable on current medication regimen and has not changed essential regimen in greater than 6 months. Function and activities of daily living improved optimally on current dose of medication." Besides this repeated generic statement, there is no before-and-after pain scale to denote decrease in pain or any mention of functional improvement with taking this medication. Progress report 09/04/2014 indicates the last UDS is from 04/02/2014. There is no further mention of a recent UDS, CURES report, or any discussion regarding possible adverse side effects or aberrant behaviors. The treating physician has failed to provide the minimum requirements of documentation that are outlined for MTUS for continued opiate use. The requested Oxycodone is not medically necessary.