

Case Number:	CM14-0187347		
Date Assigned:	11/17/2014	Date of Injury:	09/08/2005
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 68-year-old female with a date of injury of 09/08/2005. The listed diagnoses are: 1. Myofascial pain syndrome. 2. Thoracic compression fracture. 3. Status post lumbar fusion (03/01/2011). 4. Lumbar radiculopathy. According to progress report 10/10/2014, the patient presents with persistent low back pain. The patient reports that the infection on the left lower extremity has spread to the right lower extremity. She is using a new topical medication which seems to be reducing her symptoms. Her current medication regimen is helpful in taking the "edge off" of her pain, and gabapentin has been helpful in decreasing the sharp pain in her low back. Current pain level is rated as 7-8/10. The patient's current medication regimen includes gabapentin, oxycodone 10 mg, and methadone 10 mg. Physical examination revealed tenderness to palpation and spasticity of the lumbar paraspinals. There are ulcers on the anterior aspect of the lower right shin and on the medial and lateral shin of the left side. The patient is utilizing a cane for assisting in ambulation. The patient is currently permanent and stationary. Recommendation was made for refill of medications and continuation of acupuncture. The utilization review denied the request on 10/30/2014. Treatment reports from 05/20/2014 through 11/05/2014 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 10 mg # 90, five 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; Medication for chronic pain Page(s): 88 and 89, 78; 60-61.

Decision rationale: This patient presents with chronic low back pain and with ulcers in the bilateral lower extremities. The current request is for oxycodone 10 mg #90, 5 refills (1 tab 3 times daily p.r.n.). 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 since at least 05/20/2014. Monthly progress reports indicate a current pain level and notes that the patient has been reminded not to drive or operate heavy machinery when under the influence of medication. Progress report dated 08/12/2014, 9/12/14 and 10/10/14 notes that medication "take the edge off of pain, improve activities of daily living, and/or tolerated without significant adverse effects." The treater states that he will continue to monitor for aberrant behaviors through CURES and UDS. In this case, recommendation for further use of oxycodone cannot be supported as the treater does not provide any specific functional improvement or changes in ADLs with long-term opiate use. The treater continually notes that CURES and urine drug screens are monitored. However, dates of these reports and their outcomes are not provided in the medical file. Current pain levels are documented on each report, but there is no before-and-after scale to show analgesia and there is no change in work status to show significant functional improvement either. The treating physician has failed to provide the minimum requirements of documentation that are outlined at MTUS for continued opiate use. The requested Oxycodone is not medically necessary and recommendation is for slow weaning per the MTUS Guidelines.

Methadone 10 mg # 135, 8 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; Medication for chronic pain Page(s): 88 and 89, 78 ; 60-61.

Decision rationale: This patient presents with chronic low back pain and ulcers in the bilateral lower extremities. The current request is for methadone 10 mg #135, 8 refills (1.5 tab p.o. every 8 hours for pain). 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 Methadone concurrently with Oxycodone since at least 05/20/2014. Monthly progress reports indicate a current pain level and notes that the patient has been reminded not to drive or operate heavy machinery when under the influence of medication. Progress report dated 08/12/2014, 9/12/14 and 10/10/14 notes that medication "take the edge off of pain, improve activities of daily living, and/or tolerated without significant adverse effects." The treater states that he will continue to monitor for aberrant behaviors through CURES and UDS. In this case, recommendation for further use of Methadone cannot be supported as the treater does not provide any specific functional improvement or changes in ADLs with long-term opiate use. The treater continually notes that CURES and urine drug screens are monitored. However, dates of these reports and their outcomes are not provided in the medical file. Current pain levels are documented on each report, but there is no before-and-after scale to show analgesia and there is no change in work status to show significant functional improvement either. The treating physician has failed to provide the minimum requirements of documentation that are outlined at MTUS for continued opiate use. The requested Methadone is not medically necessary and recommendation is for slow weaning per the MTUS Guidelines.

Hydrocodone 10 mg # 90, 5 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 initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with chronic low back pain and also ulcers in the bilateral lower extremities. The current request is for hydrocodone 10 mg #90, 5 refills. The progress reports provided for review includes no discussion regarding the requested Hydrocodone. The patient's current medication regimen includes gabapentin, oxycodone, and methadone. According to the Utilization review from 10/30/2014, peer contact was made and the treating physician confirmed that he is "not initiating opioid" and that this request was made in error. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. Recommendation for Hydrocodone cannot be supported as there are no functional assessments to necessitate a start of a new opioid. Additionally, it should be noted that, the treater has confirmed that this request was made in error and this prescription includes 5 refills that would not be supported as MTUS requires ongoing management of pain and function especially when initiating a new opioid. The requested Hydrocodone is not medically necessary.