

Case Number:	CM14-0191617		
Date Assigned:	11/25/2014	Date of Injury:	05/28/2006
Decision Date:	01/13/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 57 year old patient with date of injury of 05/28/2006. Medical records indicate the patient is undergoing treatment for post-laminectomy syndrome of cervical region, pain in shoulder, degeneration of cervical intervertebral disc, and cervical spondylosis with myelopathy. Subjective complaints include neck pain, which has increased from a previous visit, muscle pain and stiffness, back pain, neck pain and poor quality of sleep. Objective findings include slowed gait, restricted cervical range of motion (ROM), tenderness and tight muscle band noted on bilateral cervical paravertebral muscles, tenderness to paracervical muscles, rhomboids, trapezius and left cervical facets; increased pain along right facets with cervical range of motion; pain on palpation on right facet joints of the cervical pain; pain with facet loading; lumbar spine paravertebral muscle tenderness on the right side; straight leg raise is negative; right shoulder ROM is restricted with flexion to 110 degrees and abduction 120 degrees; palpation of right shoulder tenderness noted at acromioclavicular joint. Treatment has consisted of right shoulder injection, Lidoderm Patch, Dilaudid, Oxycontin, Valium, and Ibuprofen. The utilization review determination was rendered on 11/11/2014 recommending non-certification of Dilaudid 4 mg, quantity #140 with one (1) refill; Oxycontin 10 mg, quantity #30 with one (1) refill; and Oxycontin 40 mg, quantity #120 with one (1) refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #140 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 51, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

Decision rationale: Per MTUS, Dilaudid is the brand name version of Hydromorphone, which is a pure agonist/short acting opioid and "they are often used for intermittent or breakthrough pain." ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not document any of the following: the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be upwards of 218, far in excess of MTUS recommended guidelines. As such, the question for Dilaudid 4mg #140 with 1 refill is not medically necessary.

Oxycontin 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic) and Pain, Opioids

Decision rationale: Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for cervical pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid or pain relief. Additionally, the morphine equivalent per day based on the progress notes appears to be upwards

of 218, far in excess of MTUS recommended guidelines. As such the request Oxycontin 10mg #30 with 1 refill is not medically necessary.

Oxycontin 40mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic) and Pain, Opioids

Decision rationale: Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for cervical pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid or pain relief. Additionally, the morphine equivalent per day based on the progress notes appears to be upwards of 218, far in excess of MTUS recommended guidelines. As such the request Oxycontin 40mg #120 with 1 refill is not medically necessary.