

Case Number:	CM14-0193939		
Date Assigned:	12/01/2014	Date of Injury:	06/30/2001
Decision Date:	01/15/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/19/2014

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:

This patient is a 55 year old male with a date of injury of 6/30/01. The listed diagnoses are chronic cervical pain, bilateral shoulder pain, bilateral ulnar neuropathy, bilaterally CTS, low back pain and bilateral knee pain. Per treating physician report 10/10/14, the patient presents for medication management for his chronic pain. Medications were recently cut back and the patient is "extremely limited on what he can do. For the most part he spends his time in bed." The treating physician would like to add one more Norco and one more Oxycontin per day. Current medications include Norco 10/325mg, Opana ER 40mg, Cymbalta 60mg and Oxycontin 80mg. Physical examination of the neck and lower back revealed decreased range of motion. The patient is unable to work. Treatment plan is for patient to follow up with PCP, continue current pain meds and follow up in one month. The Utilization review denied the request on 10/21/14. Treatment reports from 4/18/14 through 10/10/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain & Criteria For Use Of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: This patient presents for medication management for his chronic pain. The current request is for Oxycontin 80mg #90 (2x A Day). 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. The medical file indicates that the patient has been utilizing Oxycontin since at least 4/18/14. On 6/20/14, it was noted that "with current medications, he is achieving adequate analgesia, he's not exhibiting aberrant behaviors, he continues to do his basic ADL's and he is not having adverse side effect." Report from 8/15/14 states, that without medications "walking and moving" is very limited for the patient. On 10/10/14, the treating physician noted that recently medications were cut back and the patient is "extremely limited on what he can do. For the most part he spends his time in bed." It appears that the patient's function and ability to perform ADL's are significantly reduced without medications. Urine drug screens were not discussed in the reports, but the treating physician has stated that there are no aberrant behaviors and no adverse side effects with medications. In this case, the treating physician has documented functional improvement with opioid usage and the required documentation has been provided for continuation. The requested Oxycontin is medically necessary.

Norco 10/325mg QTY #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain & Criteria For Use Of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: This patient presents for medication management for his chronic pain. The current request is for Norco 10/325mg QTY #120 (3 Per Day). 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. The medical file indicates that the patient has been utilizing Norco since at least 4/18/14. On 6/20/14, it was noted that "with current medications, he is achieving adequate analgesia, he's not exhibiting aberrant behaviors, he continues to do his basic ADL's and he is not having adverse side effect." Report from 8/15/14 states that without medications "walking and moving" is very limited for the patient. On 10/10/14, the treating physician noted that recently medications were cut back and the patient is "extremely limited on what he can do. For the most part he spends his time in bed." It appears that the patient's function and ability to perform ADL's are significantly reduced without medications. Urine drug screens were not discussed in

the reports, but the treating physician has stated that there are no aberrant behaviors and no adverse side effects with medications. In this case, the treating physician has documented functional improvement with opioid usage and the required documentation has been provided for continuation. The requested Norco is medically necessary.