MAXIMUS Federal Services

Case Number:	CM14-0197510		
Date Assigned:	12/08/2014	Date of Injury:	07/07/2009
Decision Date:	01/21/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in Pain Medicine 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 injured worker is a 38 year-old female with a date of injury of July 7, 2009. The patient's industrially related diagnoses include lumbar sprain and strain, lumbar radiculopathy, and status post lumbar surgery with residual pain. The disputed issues are Oxycodone 15mg #60, Butrans Patch 5 mcg #4, TENS unit purchase, and TENS unit electrodes x 18 pairs. A utilization review determination on 10/27/2014 had non-certified these requests. The stated rationale for the denial of the Butrans and Oxycodone was: "Based on the clinical information submitted for this review and using the evidence-based peer-reviewed guidelines referenced above, this request for Butrans Patch 5mcg every 7 days #4 and Oxycodone 15mg 1 tablet BID #60 is not-certified." The stated rationale for the denial of the TENS unit purchase and electrodes was: "Based on the clinical information submitted for this review and using the evidence-based peer-reviewed guidelines referenced above, this request for TENS unit (purchase) E0730 and TENS Unit Electrodes 18 pairs (3 months supply) A4556 is not-certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Oxycodone 15mg, the California Chronic Pain Medical Treatment Guidelines state that Oxycodone is an opiate pain medication. The guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider addressed pain level, side effects and potential for aberrant drug-related behavior but did not adequately document functional improvement. There was documented pain relief with pain level rated as 10/10 without medication and 5/10 with medication. No side effects were noted and the discussion regarding possible aberrant drug-related behavior indicated that there was no illicit dry use and previous toxicology report completed on 8/26/2014 was consistent. However, there was no documentation of objective functional improvement or any specific examples given such as improvement in activities of daily living. Guidelines recommend discontinuing opioids if there is no documentation of improved function with medication use. Based on the lack of documentation, medical necessity for Oxycodone 15mg #60 cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Butrans Patch 5 mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Butrans Patch 5mcg, the Chronic Pain Medical Treatment Guidelines recommend that specific steps should be taken before a therapeutic trial of opioids is initiated. The guidelines recommend that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made and the patient should have at least one physical and psychosocial assessment by the treating doctor. The physician should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient. A written consent or pain agreement for chronic use is not required but may make it easier for the physician to document patient education, the treatment plan, and the informed consent. In the progress report dated 8/26/2014 made available for review, the

requesting provider indicated that relief with Oxycodone did not last long enough therefore for the control of the baseline, constant pain, the injured worker was prescribed Butrans Patches and for breakthrough pain, Oxycodone 15mg twice a day as need was prescribed. In the subsequent progress report dated 10/7/2014 the provider indicated that the injured worker did not receive Butrans therefore there was no documentation that it has been used. There was documentation that the injured worker has had baseline physical and psychosocial assessments, has tried non-opioid analgesics in the past, and is currently managed with a short acting opiate medication. A baseline functional assessment indicated that the injured worker stopped driving due to the weakness in her legs and has fallen on two occasions. However, there was no discussion regarding the risk and benefits of this new long acting opiate medication and there was no documentation that any goals were set prior to starting the Butrans patch as recommended by the guidelines. Due to lack of adequate documentation regarding these issues, the currently requested Butrans Patch 5mcg #4 is not medically necessary.

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there was no indication that the injured has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a TENS unit trial would be intended to address. Based on lack of documentation regarding these issues, the currently requested TENS unit purchase is not medically necessary.

TENS unit electrodes x 18 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS unit electrodes x 18 pairs, since the requested TENS unit purchase is not medically necessary (see above for rationale), there is no

indication for the supplies related to the unit. Therefore, the requested TENS unit electrodes are also not medically necessary.