

<b>Case Number:</b>	CM14-0199349		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	02/18/2004
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 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 60-year-old female with a date of injury of 02/18/2004. According to progress report dated 11/14/2014, the patient presents with chronic low back pain, leg pain, knee pain, bilateral hip degenerative joint disease, and severe spondylosis and spinal canal stenosis of multiple levels. The patient is status post bilateral knee replacement, and is dependent on chronic high doses of pain medications. The patient is participating in a drug detoxification and chemical dependency program. Physical examination revealed antalgic gait in a slow pace. Bilateral knee overlying skin is normal and well-preserved muscle bulk. The lumbosacral spine active; and passive range of motion is limited, guarded, and diffusely tender. The listed diagnoses are: 1. Iliolumbar strain 2. Lumbosacral strain 3. Myofascial strain 4. Lumbosacral spondylosis with severe spinal canal stenosis and disk degenerative disease 5. Status post bilateral knee replacement 6. Bilateral hip degenerative joint disease. Treatment plan is for the patient to continue with medication which includes Norco 1 to 2 tablets 6 to 8 hours as needed and OxyContin. The treating physician states that although multiple non-narcotic medications have been tried, they have all failed. He is seeking some alternate arrangement for patient to wean off these medications. The current request is for outpatient medication management, consultation and evaluation, and pharmacy purchase of Norco and OxyContin. Utilization review denied the request on 11/24/2014. Treatment reports from 08/08/2014 through 11/14/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient medication management consultation/evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127

**Decision rationale:** This patient presents with chronic low back pain, and is dependent on chronic high doses of pain medications. The current request is for outpatient medication management consultation/evaluation. ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following, "The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The treating physician is concerned as multiple attempts at weaning the patient off narcotic medications have been unsuccessful. He is seeking alternative recommendations and has asked for "consultation/evaluation" for medication management. Given the patient's long-term and multiple opiate use, the requested medication management consultation or evaluation is medically necessary.

**Pharmacy purchase of Norco and Oxycontin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Medications for chronic pain Page(s): 88-89, 76-78; 60-61.

**Decision rationale:** This patient presents with chronic low back pain, and is dependent on chronic high doses of pain medications. The current request is for pharmacy purchase of Norco and OxyContin. 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 both opiates concurrently since at least 08/08/2014. In this case, recommendation for further use of Norco and OxyContin cannot be supported as the treating physician has provided no discussion regarding functional improvement or changes in ADLs with taking long-term opiates. There are no before-and-after scales provided to denote decrease in pain either. No side effects are discussed, and aberrant issues are not addressed. There are no urine screenings or CURES reports as required by MTUS for opiate management. In this case, the treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate usage. The requested purchase of Norco and OxyContin is not medically necessary.

