

Case Number:	CM14-0203408		
Date Assigned:	12/15/2014	Date of Injury:	12/01/2010
Decision Date:	03/11/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old male was a window-door installer when he sustained an injury on December 1, 2010. The injured worker fell 12-15 feet off a roof and sustained a head injury with a laceration on the top of his head and brief loss of consciousness. He then developed headaches and pain of the neck, back, and left side of the body. The injured worker reported 13 rib fractures and a scapula fracture. Past treatment included arthroscopic surgery of the left shoulder on August 20, 2011, acupuncture, massage therapy, yoga, medications, and off work. Recent medications included migraine, anti-depressant, muscle relaxant, antacid, stool softener, and short-acting and long-acting pain medications. On October 29, 2014, the primary treating physician noted subjective complaints of migraines, ringing of the ears, straining his neck to keep his head up, and pain of the left scapula, left arm, left index finger, upper and lower back, hips, and down his legs. His stomach hurt, also. The physical exam revealed the injured worker in mild distress and favoring his left leg. There was tenderness and spasms of the paravertebral muscles of the thoracic and lumbar spines. Straight leg raise was positive, greater on the left than the right. There was mild weakness of the right ankle, fibromyalgia points were tender, and limited lumbar range of motion with pain at terminal flexion. Diagnoses were lumbosacral and brachial neuritis, and enesopathy of the hip. The treatment plan included request for authorization for pain management and authorization of short-acting and long-acting pain medications. Hearing loss testing was recommended with an ear, nose & throat (ENT) physician. The injured worker remained off work on November 7, 2014, Utilization Review non-certified 1 pain management consultation and a prescription for Percocet 10/325mg #90 requested on October 29, 2014. The

pain management consultation was non-certified based on there is already a pain management consultation that was certified on July 30, 2014 and has not been done yet. Therefore the current request would be a considered a duplicate request and not recommended on the basis of duplication of services and not medical necessity. The Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment were cited. The Percocet was non-certified based on the lack of evidence of decreased pain, improved function, and return of the injured worker to work. The UR noted that injured worker had been using Percocet since 2012, and the process of weaning him from the medication had started in June 2013. Therefore, there should be no withdrawal concerns, especially since the injured worker also uses another pain medication. The California Chronic Pain Medical Treatment Guidelines, Opioids for Chronic Pain was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation State of Colorado Department of Labor and Employment, 4/27/2007, page 56

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The documentation submitted for review indicates that a prior request for pain management consultation was non-certified on 7/30/14. Subsequently, independent medical review found the request medically necessary and certified the provider's request, which was approved by the insurance carrier on 10/9/14. It is not documented whether the injured worker has yet undergone this approved consultation. As this current request is for the same already certified service, it is not medically necessary.

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of 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 any 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. Review of the available medical records reveals no documentation to support the medical necessity of Percocet nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 9/29/14 was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Morphine Sulphate 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of 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 any 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. Review of the available medical records reveals no documentation to support the medical necessity of morphine sulfate nor any documentation addressing the 4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 9/29/14 was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.