

Case Number:	CM14-0205811		
Date Assigned:	12/18/2014	Date of Injury:	06/26/2011
Decision Date:	02/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/09/2014

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 Anesthesiology, has a subspecialty in Acupuncture & 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:

49y/o female injured worker with date of injury 6/26/11 with related neck, and low back pain. Per progress report dated 11/17/14, the injured worker complained of neck pain that radiated down to her left shoulder all the way down to her arm to her hand. She also complained of lower back pain that radiated down both legs all the way down to her feet. She also complained of left thigh and knee pain. She stated that her pain was constant and sharp. She stated that she felt numbness and tingling in her mid-back and that it radiated to her pain. She rated her pain 7/10 with medications and 10/10 without. Per physical exam, there was moderate tenderness to palpation noted about the left medial patella, negative varus and valgus maneuver left knee. Per progress report: "Patient has tried NSAIDS such as ibuprofen, Celebrex, and naproxen with intolerable side effects. Patient had volteran gel and tramadol denied by insurance. Will continue nortriptyline 50 mg po qhs #30 for neuropathic pain. Patient is s/p TFESI on 6/14/2013 with only transient pain relief therefore will not continue this therapy. Will continue weaning oxycontin po q8h #81 per UR decision. Will continue weaning Percocet 10/325 po q4h PRN breakthrough pain #162 per UR decision. Patient with signed narcotic agreement on file. Patient does not exhibit any aberrant drug seeking behavior. Patient with UDS today in clinic to ensure compliance. Patient has started acupuncture but is unsure if it is helping to date therefore will continue with conservative therapy. Patient has increased physical activity over the past month and now is able to walk 45 minutes per day that she was unable to before taking oxycontin and Percocet." Treatment to date has included acupuncture, physical therapy, and medication management. The date of UR decision was 12/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #81: Overturned

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going 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 documentation to support the medical necessity of Oxycontin. Per progress report dated 11/17/14, it was noted that the use of this medication reduces the injured worker's pain from 10/10 to 7/10. The injured worker reported that it makes her pain tolerable. She stated that with the medication she is able to walk for 15 minutes 3 times out of the week. The documentation submitted for review contains evidence of ongoing UDS reports, the most recent of which was dated 9/17/14 and was consistent with prescribed medications. It is noted that the injured worker currently has a morphine equivalent dose of 360 which exceeds the MED of 120 recommended by the MTUS. However, this is not an absolute ceiling, only an indication as to when pain medicine consult should be considered. In this case, the treating physician is a pain management specialist. The request is medically necessary. It should be noted that the UR physician has certified a modification of this request to #70 for the purpose of weaning.

Percocet 10/325mg #162: Overturned

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going 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 documentation to support the medical necessity of Percocet. Per progress report dated 11/17/14, it was noted that the use of this medication reduces the injured worker's pain from 10/10 to 7/10. The injured worker reported that it makes her pain tolerable. She stated that with the medication she is able to walk for 15 minutes 3 times out of the week. The documentation submitted for review contains evidence of ongoing UDS reports, the most recent of which was dated 9/17/14 and was consistent with prescribed medications. It is noted that the injured worker currently has a morphine equivalent dose of 360 which exceeds the MED of 120 recommended by the MTUS. However, this is not an absolute ceiling, only an indication as to when pain medicine consult should be considered. In this case, the treating physician is a pain management specialist. The request is medically necessary. It should be noted that the UR physician has certified a modification of this request to #150 for the purpose of weaning.