

Case Number:	CM14-0208468		
Date Assigned:	01/14/2015	Date of Injury:	06/08/1994
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/11/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old female with an injury date of 06/08/1994. Based on the 09/09/2014 progress report, the patient complains of chronic severe pain in her lower back which radiates down into her lower extremities, worse on the right. This pain also radiates up to her neck from the lower back. She rates her pain as a 10/10 without medications and a 7/10 with medications. The 10/07/2014 report states that the patient has pain in her low back, bilateral shoulder, and bilateral legs. She rates her pain as a 10/10 without medications and a 7/10 with medications. She has a positive straight leg raise on both the right and left side. She has an antalgic gait and presents with a wheelchair. The patient has spasm over her bilateral lumbar spine and a decreased left and right lower extremity strength. The patient has hyperalgesia and allodynia in the right lower extremity extending to the foot. The 11/05/2014 report states that the patient continues to have low back pain radiating to her lower extremities and into her neck. She also has shoulder pain and leg pain. She rates her pain as a 10/10 without medications and an 8/10 with medications. The patient's diagnoses include the following: Postlaminectomy syndrome, lumbar region. Lumbosacral spondylosis without myelopathy. Degenerative lumbar/lumbosacral intervertebral disk. Degeneration of cervical intervertebral disk. Cervical spondylosis without myelopathy. Pain in thoracic spine. Thoracic/lumbosacral neuritis/radiculitis, unspecified. Unspecified myalgia and myositis. Unspecified neuralgia, neuritis, and radiculitis. Unspecified hereditary and idiopathic peripheral neuropathy. Abdominal pain, unspecified site. The utilization review determination being challenged is dated 12/01/2014. There are treatment reports provided from 02/25/2014 - 11/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89, 76-78.

Decision rationale: 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 4 A's (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 06/17/2014, 07/15/14, 08/12/14, and 11/04/14 reports state that the patient rates her pain as a 10/10 without medications and an 8/10 with the medications. "The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises. UDT and CURES reports are appropriate. The patient seems to be using the medications appropriately and responsibly and the risks/benefit analysis is in favor of continuing with the current regimen, and we will continue to reassess at each visit." The 09/09/2014 and 10/07/14 reports state that the patient rates her pain as a 10/10 without medications and a 7/10 with medications. "Medications prescribed are medically necessary as they provide analgesia, helped the patient to better perform ADLs, and improved effect in overall quality of life without any intolerable side effects. There are no signs of aberrant behaviors or abuse. UDT and CURES reports are appropriate." The treater has provided pain scales and has mentioned that the patient does not have any side effects/aberrant behaviors. The 06/17/14 report states that the medications "are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises." However, there are no specific examples of ADLs which demonstrate medication efficacy. The treater claims that the patient does have a CURES report and appropriate UDS on file. There are no outcome measures provided as required by MTUS Guidelines. In this case, the treating physician has failed to provide the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Opana ER is not medically necessary.

Tegaderm HP #20 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89, 76-78.

Decision rationale: 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 4 A's (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 06/17/2014, 07/15/14, 08/12/14, and 11/04/14 reports state that the patient rates her pain as a 10/10 without medications and an 8/10 with the medications. "The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises. UDT and CURES reports are appropriate. The patient seems to be using the medications appropriately and responsibly and the risks/benefit analysis is in favor of continuing with the current regimen, and we will continue to reassess at each visit." The 09/09/2014 and 10/07/14 reports state that the patient rates her pain as a 10/10 without medications and a 7/10 with medications. "Medications prescribed are medically necessary as they provide analgesia, helped the patient to better perform ADLs, and improved effect in overall quality of life without any intolerable side effects. There are no signs of aberrant behaviors or abuse. UDT and CURES reports are appropriate." The treater has provided pain scales and has mentioned that the patient does not have any side effects/aberrant behaviors. The 06/17/14 report states that the medications "are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises." However, there are no specific examples of ADLs which demonstrate medication efficacy. The treater claims that the patient does have a CURES report and appropriate UDS on file. There are no outcome measures provided as required by MTUS Guidelines. In this case, the treating physician has failed to provide the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Tegaderm is not medically necessary.