MAXIMUS Federal Services

Case Number:	CM14-0208481		
Date Assigned:	12/19/2014	Date of Injury:	10/15/2006
Decision Date:	03/19/2015	UR Denial Date:	11/13/2014
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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50 year old female sustained a work related injury on 10/15/2006. According to a progress report dated 07/14/2014, the injured worker reported increased pain in fingers with no change in distribution. Pain was rated 10 on a scale of 1-10 without medications and 4 with medications. Pain was rated 5 during her visit. The medications were allowing the injured worker to remain functional, allow for increased mobility and tolerance of activities of daily living and home exercises. She reported that MS Contin was not effective so she was changed to Kadian. She was doing well with Avinza and Percocet. There was benefit noted from Lyrica. Trazadone was tried and failed. Current medications included Avinza, Percocet, Alprazolam, Pamelor, Intermezzo, Ambien, Lyrica, Prilosec, Amitiza, Reglan and Atenolol. Treatments have included physical therapy, narcotic pain medication, psychiatrist/psychologist, nerve blocks/epidural steroids and stellate ganglion blocks. According to the provider there were no signs of aberrant behaviors or abuse. Urine drug screenings and CURES reports were appropriate. Problems seen for during the visit included reflex sympathetic dystrophy of the upper limb. The injured worker was temporarily totally disabled.On 11/13/2014, Utilization Review non-certified Dilaudid 4mg tabs, Avinza 60mg XR 24 H cap (Morphine Sulfate Beads) #60 tabs and Percocet 10/325mg tabs (Oxycodone-acetaminophen) #180 tabs. According to the Utilization Review physician, there was no documentation of any detail of how narcotics had been utilized in the past two months since refills were prescribed. There was no documentation of how many tablets were used. There was no documentation of up-to-date urine drug screening to support compliance. There was no documentation of any objective functional improvement associated specifically with the

use of each Schedule II narcotic. There was no documentation of any plan to discontinue or reduce use of Schedule II narcotics in the future. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines, CA MTUS ACOEM Guidelines Chapter 6 and the Official Disability Guidelines Pain (Chronic) were cited. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment; Integrated Treatment/ Disability Duration Guidelines- Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 50 year old female has complained of finger pain since date of injury 10/15/06. She has been treated with steroid injections, nerve blocks, physical therapy and medications to include opiods since at least 08/2014. The current request is for Dilaudid. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opiods. There is no evidence that the treating physician is prescribing opiods according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Dilaudid is not indicated as medically necessary.

Avinza 60mg XR 24H-cap (Morphine Sulfate Beads) #60 tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment; Integrated Treatment/ Disability Duration Guidelines- Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 50 year old female has complained of finger pain since date of injury 10/15/06. She has been treated with steroid injections, nerve blocks, physical therapy and medications to include opiods since at least 08/2014. The current request is for Avinza. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opiods. There is no evidence that the treating physician is prescribing opiods according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod

therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Avinza is not indicated as medically necessary.

Percocet 10/325mg tabs (Oxycodone- acetaminophen) #180 tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment; Integrated Treatment/ Disability Duration Guidelines- Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 50 year old female has complained of finger pain since date of injury 10/15/06. She has been treated with steroid injections, nerve blocks, physical therapy and medications to include opiods since at least 08/2014. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opiods. There is no evidence that the treating physician is prescribing opiods according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.