

Case Number:	CM14-0208507		
Date Assigned:	12/19/2014	Date of Injury:	10/19/2000
Decision Date:	02/17/2015	UR Denial Date:	11/11/2014
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. 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 47 year old male with an injury date of 10/19/00. Based on the 05/27/14 progress report, the patient complains of chronic severe neck pain related to his history of cervical disc disease and internal derangement left shoulder as well as cervical disc disease post cervical spinal fusion. The 06/10/14 report indicates that the patient has pain in his left shoulder, cervical spine, and lumbar spine. He has increased neck pain, headaches, and peripheral numbness. The 11/08/14 report states that the patient has palpation and tenderness over the C3-C4 level. He has a positive sitting straight leg raise on both the left and right side. No additional positive exam findings were provided on this report. The patient's diagnoses include the following: 1) Lumbago 2) Pain in joint; shoulder region 3) Unspec disorders bursae and tendons shoulder region 4) Displacement cervical intervertebral disc without myelopathy 5) Degeneration of cervical intervertebral disc 6) Cervicalgia 7) Postlaminectomy syndrome cervical region 8) Brachial neuritis or radiculitis NOS The utilization review determination being challenged is dated 11/11/14. Treatment reports are provided from 12/31/13- 12/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 20mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Medication for Chronic Pain Page(s): 88, 89, 76-78, 60-61.

Decision rationale: The patient presents with pain in his left shoulder, cervical spine, and lumbar spine. The request is for Oxycodone HCL 20 MG #45. The utilization review denial rationale is that "there is no supporting evidence of objective functional benefit with prior use of medication noted in the submitted reports." The patient has been taking Oxycodone as early as 12/31/13. 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 02/18/14 report says that the patient rates his pain as a 10/10 without medications and a 7/10 with medications. The 05/27/14 and 06/10/14 reports state that the patient rates his pain as a 10/10 without medications and a 9/10 with medications. "The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises. No side effects are associated with these. The 11/08/14, 12/02/14 report indicates that the patient rates his pain as a 10/10 without medications and a 6/10 with medications. "Medications prescribed are medically necessary as they provide analgesia, help the patient to better perform valued ADLs, improve affect and overall quality of life without any intolerable side effects...UDT and CURES report are appropriate." Although the treater documents pain scales and claims that the patient has no side effects/adverse behavior, not all 4 A's were clearly addressed. The treater documents that the medications "are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises." This general statement does not mention how and by how much patient mobility, tolerance of ADL is and exercises are improved to show that they have resulted in significant functional improvement. There is no use of validated instrument to show functional changes either. The patient has a CURES report on file and it appears that the patient has not been compliant with his medications, as indicated on the 11/08/14 report. The treater does not address this issue. The treating physician has not documented the minimum requirements that are outlined in the MTUS for continued opioid use. The requested Oxycodone IS NOT medically necessary.

Oxycontin 40mg #105: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Medication for Chronic Pain Page(s): 88, 89, 76-78, 60-61.

Decision rationale: The patient presents with pain in his left shoulder, cervical spine, and lumbar spine. The request is for OXYCONTIN 40 MG #105. The utilization review denial rationale is that "there is no supporting evidence of objective functional benefit with prior use of medication noted in the submitted reports." The patient has been taking Oxycontin as early as 12/31/13. 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 02/18/14 report says that the patient rates his pain as a 10/10 without medications and a 7/10 with medications. The 05/27/14 and 06/10/14 reports state that the patient rates his pain as a 10/10 without medications and a 9/10 with medications. "The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises. No side effects are associated with these. The 11/08/14, 12/02/14 report indicates that the patient rates his pain as a 10/10 without medications and a 6/10 with medications. "Medications prescribed are medically necessary as they provide analgesia, help the patient to better perform valued ADLs, improve affect and overall quality of life without any intolerable side effects...UDT and CURES report are appropriate." The 11/08/14 report says that "the patient was advised that the routine Urinalysis Drug Screening was not concordant with the prescribed medications." Although the treater documents pain scales and claims that the patient has no side effects/adverse behavior, not all 4 A's were clearly addressed. The treater documents that the medications "are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises." This general statement does not mention how and by how much patient mobility, tolerance of ADL is and exercises are improved to show that they have resulted in significant functional improvement. There is no use of validated instrument to show functional changes either. The patient has a CURES report on file and it appears that the patient has not been compliant with his medications, as indicated on the 11/08/14 report. The treater does not address this issue. The treating physician has not documented the minimum requirements that are outlined in the MTUS for continued opioid use. The requested Oxycodone IS NOT medically necessary.

Urine Drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

Decision rationale: The patient presents with pain in his left shoulder, cervical spine, and lumbar spine. The request is for a urine drug screen. The utilization review denial rationale is there "is no documentation of abuse, diversion, or hoarding related to use of medications in the current report." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first six months for management of chronic opiate use in low risk patients. The 11/08/14 report says that "the patient was advised that the routine Urinalysis Drug Screening was not concordant with the prescribed medications. Should the UDS again be inconsistent, we may have no choice but to initiate a wean of all controlled substances." The patient is currently taking Oxycontin,

Oxycodone, Restoril, Trazodone, and Gabapentin. The utilization review denial letter states that the patient had a prior urine drug screen on 06/10/14; however, the results were not provided. It appears that the patient is not compliant with his medication regimen. Although the results were not consistent, there is no discussion regarding opiate risk management. In addition, the treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. Furthermore, the patient's opiates are being denied and there is no reason for a UDS without their approval. The requested urine drug screen IS NOT medically necessary.