MAXIMUS Federal Services

Case Number:	CM15-0002736		
Date Assigned:	01/13/2015	Date of Injury:	05/25/1990
Decision Date:	03/16/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/06/2015

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 injured worker is a 63-year-old male who reported an injury on 05/25/1990. The mechanism of injury was not provided in the documentation submitted for review. Diagnoses included complex regional pain syndrome type 2 of the lower limb, reflex sympathetic dystrophy of the lower extremity, mononeuritis of the lower limb, chronic pain syndrome, and injury of groin. His past treatments have included medications, a cane, and a walker. Diagnostic studies were not provided within the documentation submitted for review. Surgical history included a total knee replacement of the right knee in 2004.The injured worker presented on 12/05/2014 with complaints of pelvic pain to his left side and left sided groin pain. He rated his pain at 4/10 to 6/10. The injured worker further noted that he had muscle spasms in the left groin area and extremity weakness in the right lower leg. He further reported difficulty transferring out of the car, difficulty with standing balance which was mildly unsteady. The injured worker reported a significant improvement with the use of oxycodone and Norco. He further reported a moderate improvement with the use of Zanaflex. On physical examination, it was noted that the injured worker no longer required the use of a wheelchair after undergoing a total knee replacement in 12/2013, and was ambulating independently with the use of a single point cane. It was further noted that the injured worker's spasms were well controlled with Zanaflex, which was being obtained on a private pay basis after insurance denial. The injured worker was able to walk and transfer without assistance. Additionally, it was noted that the current medications allowed the injured worker to remain independent with most basic activities of daily living, and that his opioid usage allowed him to manage his left groin pain and spasms, and left lower extremity

complex regional pain syndrome symptoms related to his industrial injury.His current medication regimen included Norco since at least 10/05/2014, oxycodone since at least 12/12/2014, and tizanidine 4 mg since at least 11/04/2014. The treatment plan included for the injured worker to continue his current medications, request authorization for Norco and oxycodone, obtain a urine drug screen at the next followup, and return to the clinic in 1 month. The rationale for the request was that the medications were medically necessary and appropriate per MTUS treatment guidelines. A Request for Authorization Form dated 12/16/2014 was provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #130: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use On-Going Management,Weaning of medications Page(s): 76-78, 124.

Decision rationale: The request for Norco 10/325mg #130 is not medically necessary. The injured worker has chronic pain syndrome and injury of groin. The California MTUS Guidelines state that the ongoing management of opioid therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The submitted documentation did not include a detailed pain assessment to establish adequate pain relief with the use of Norco, such as the use of a VAS scale. There was also no evidence of adverse effects and aberrant behaviors. Additionally, a urine drug screen was not submitted to verify appropriate medication use. Moreover, the documentation submitted for review provides evidence that a modified request was previously granted for 2 prescriptions of Norco 10/325 mg #60, dated 12/26/2014. However, the California MTUS Guidelines recommend the weaning of opioid medications. For opioids, a slow taper is recommended. The longer the patient has taken opioids, the more difficult they are to taper. The process is more complicated with medical comorbidity, older age, female gender, and the use of multiple agents. Gradual weaning is recommended for long term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms (Benzon, 2005). Patients with complex conditions with multiple comorbidities including psychological disorders should be referred to an addiction medicine/psychiatry specialist. Opioid weaning should include the following: start with a complete evaluation of treatment, comorbidity, psychological conditions; clear written instructions should be given to the patient and family; if the patient cannot tolerate the taper, refer to an expert (pain specialist, substance abuse specialist); taper by 20% to 50% per week of original dose for patients who are not addicted (the patient needs 20% of the previous day's dose to prevent withdrawal); a slower suggested taper is 10% every 2 to 4 weeks, slowing to a reduction of 5% once a dose of 1 third of the initial dose is reached; greater success may occur when the patient is switched to longer acting opioids and then tapered; office visits should occur on a weekly basis; assess for withdrawal using a scale such as the subjective opioid withdrawal scale (SOWS) and objective withdrawal scale (OOWS); recognize that this may take months.

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Oxycodone 5mg #130: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Weaning of medications Page(s): 76-78, 124.

Decision rationale: The request for oxycodone 5mg #130 is not medically necessary. The injured worker has injury of the groin, chronic pain syndrome, and reflex sympathetic dystrophy

of the lower extremity. The California MTUS Guidelines state that the ongoing management of opioid therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The submitted documentation did not include a detailed pain assessment to establish adequate pain relief with the use of oxycodone, such as the use of a VAS scale. There was also no evidence of adverse effects and aberrant behaviors. Additionally, a urine drug screen was not submitted to verify appropriate medication use. Moreover, the documentation submitted for review provides evidence that a modified request was previously granted for 2 prescriptions of oxycodone 5mg #130, dated 12/26/2014. However, the California MTUS Chronic Pain Guidelines recommend the weaning of opioid medications. For opioids, a slow taper is recommended. The longer the patient has taken opioids, the more difficult they are to taper. The process is more complicated with medical comorbidity, older age, female gender, and the use of multiple agents. Gradual weaning is recommended for long term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms (Benzon, 2005). Patients with complex conditions with multiple comorbidities including psychological disorders should be referred to an addiction medicine/psychiatry specialist.Opioid weaning should include the following: start with a complete evaluation of treatment, comorbidity, psychological conditions; clear written instructions should be given to the patient and family; if the patient cannot tolerate the taper, refer to an expert (pain specialist, substance abuse specialist); taper by 20% to 50% per week of original dose for patients who are not addicted (the patient needs 20% of the previous day's dose to prevent withdrawal); a slower suggested taper is 10% every 2 to 4 weeks, slowing to a reduction of 5% once a dose of 1 third of the initial dose is reached; greater success may occur when the patient is switched to longer acting opioids and then tapered; office visits should occur on a weekly basis; assess for withdrawal using a scale such as the subjective opioid withdrawal scale (SOWS) and objective withdrawal scale (OOWS); recognize that this may take months.

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