

Case Number:	CM15-0005947		
Date Assigned:	01/26/2015	Date of Injury:	04/26/2002
Decision Date:	04/22/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/12/2015

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:

This 54 year old male was injured 4/26/02 in an industrial accident. He complains of severe back pain. Medications include methadone and oxycodone. He has impaired functional status but his medications allow him the ability to engage in activities of daily living in a limited capacity. Documentation indicates very antalgic bent over gait but no acute distress. Diagnoses include kyphoscoliosis and flat-back deformity. Diagnostic studies included lumbar spine series (3/10/11), computed tomography of the lumbar spine (3/20/11) both were abnormal. The treating physician requested oxycodone IR 15 mg #240 and methadone 10 mg # 450 because they offer enough relief for the injured worker to perform limited activities of daily living. On 12/26/14 Utilization Review non-certified the requests for oxycodone IR 15 mg #240 and methadone 10 mg #450 based on submitted documentation failing to demonstrate improved pain ratings or quantitative objective functional improvement over the course of care to warrant high doses of opioids. Regarding methadone there was lack of documentation indicating adverse effects from medication and needs to be without aberrant drug-taking behaviors. MTUS Chronic Pain Medical Treatment Guidelines: Opioids were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 15mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with back pain, rated 8/10. The request is for OXY IR 15 MG # 240. Per 08/12/14 progress report, patient's diagnosis include chronic pain and chronic recurrent pain (progressive collapse of spine). Patient's medications, per 07/21/14 include Oxy IR and Methadone. Patient's work status was not specified. MTUS Guidelines pages 88 and 89 states, "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 4As (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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In progress report dated 07/21/14, treater states that the patient has been on Oxy IR since 11/05/13 and that opioid analgesics have been moderately effective allowing the patient to perform basic activities of daily living, although he still has substantial pain. In this case, the 4A's are not appropriately addressed, as required by MTUS. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Methadone 10mg #450: Upheld

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

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

Decision rationale: The patient presents with back pain, rated 8/10. The request is for METHADONE 10 MG # 450. Per 08/12/14 progress report, patient's diagnosis include chronic pain and chronic recurrent pain (progressive collapse of spine). Patient's medications, per 07/21/14 include Oxy IR and Methadone. Patient's work status was not specified. MTUS Guidelines pages 88 and 89 states, "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 4As (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. In progress report dated 07/21/14, treater states that the patient has been on Methadone since 04/14/2004 and that opioid analgesics have been moderately effective allowing the patient to perform basic activities of daily living, although he still has substantial pain. In this case, there are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.