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| Case Number: | CM15-0136269 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 06/18/1992 |
| Decision Date: | 08/28/2015 | UR Denial Date: | 07/07/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 66-year-old male, who sustained an industrial injury on 6/18/92. Initial complaints were not reviewed. The injured worker was diagnosed as having cervicogenic headaches; severe right shoulder internal derangement; reactionary depression/anxiety; dysphagia; cervical dystonia; right carpal tunnel syndrome; revision cervical fusion; status post right thumb infection; status post left carpal tunnel syndrome; xerostomia due to chronic opioid use; medical-induced gastritis. Treatment to date has included physical therapy; urine drug screening; status post intrathecal pump (7/9/15); medications. Diagnostics studies included EMG/NCV study upper extremity (10/29/10); CT scan cervical spine (4/11/14). Currently, the PR-2 notes dated 6/23/15 indicated the injured worker complains of continued debilitating pain in the neck with cervicogenic headaches along with pain radiating down to both upper extremities. He reports the pain can go as high as 9/10 in intensity but on his current medications, it is decreased to 6/10. He suffers with a diagnosis of cervical post-laminectomy syndrome having undergone an ACDF (anterior cervical discectomy fusion) from the occiput to the C7 level. His orthopedic surgeon is considering further surgical intervention of the cervical spine but is hesitant to proceed at this time. The provider continues documentation noting he is prescribed MS Contin 60mg that he takes 5 tablets per day, Oxycontin IR 5mg that he takes 5 tablets a day and Norco 10/325mg that he takes up to 6 tablets a day for breakthrough pain. He has had a recent successful intrathecal drug delivery system trial on May 18, 2015. An operative record was submitted dated 7/9/15 documenting the placement of a Flowonix intrathecal infusion pump in the left abdomen. He continues to complain of headaches, which often turn into migraines, and has responded to Botulinum toxin injections with the last one administered on November 6, 2014, which provided close to 6 months of benefit. The injured worker has recently

has extensive jaw and dental implant work and still needs his laryngeal and pharyngeal regions worked on because of difficulty swallowing. He needs a special prosthesis to cover the trachea as he has difficulty swallowing and tends to aspirate. His treatment for this is progressing as he has received his permanent maxillary and mandibular implant prosthesis. The injured worker has severe clenching due to chronic pain and is complaining of a fracture acrylic tooth #19 and this is being addressed. The provider is requesting authorization of MS Contin 60mg #150; Oxy IR 5mg #180 and Norco 10/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of MS Contin nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress noted dated 7/21/15, it was noted that his pain can go as high as 9/10 in intensity but on his current medication regimen, it is decreased to 6/10. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, this is not medically necessary.

Oxy IR 5mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither insufficient documentation to support the medical necessity of Oxy IR nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress noted dated 7/21/15, it was noted that his pain can go as high as 9/10 in intensity but on his current medication regimen, it is decreased to 6/10. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, the use of two short acting opiates concurrently is not ideal. This request is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither insufficient documentation to support the medical necessity of Norco nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress noted dated 7/21/15, it was noted that his pain can go as high as 9/10 in intensity but on his current medication regimen, it is decreased to 6/10. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish

medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, the use of two short acting opiates concurrently is not ideal. This request is not medically necessary.