

Case Number:	CM15-0163006		
Date Assigned:	08/31/2015	Date of Injury:	12/08/1999
Decision Date:	10/14/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/19/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44 year old male, who sustained an industrial injury on December 8, 1999. He reported injuring his arms due to repetitive use of a keyboard and lifting. The injured worker was diagnosed as having Complex Regional Pain Syndrome (CRPS) of upper extremity, radiculopathy, cervical post-laminectomy syndrome, torsion dystonia, and hand injury. Treatments and evaluations to date have included cervical spine surgery, Botox injections, spinal cord stimulator (SCS), and medication. Currently, the injured worker reports arm, neck, and back pain with the pain radiating down the arm to the hands, and right elbow and arm pain, with numbness, tingling, fatigue, and weakness secondary to pain. The Treating Physician's report dated July 20, 2015, noted the injured worker noticed an increase in his elbow pain with recent decreasing of his medications. The injured worker reported a reduction in pain and improved level of function with his medications. The injured worker's current medications were listed as Actiq, Cyclobenzaprine, Lidoderm patches, Neurontin, Oxycodone, and Oxycontin. The physical examination was noted to show the injured worker in no acute distress, with the cervical spine paraspinal musculature tender to palpation with muscle spasm in the cervicothoracic paraspinals, and tenderness to palpation over the right upper extremity. The treatment plan was noted to include a neurosurgery consultation, electromyography, and a stellate block anesthesia, prescriptions for Oxycontin, Oxycodone, and Actiq, and a request for authorization for Opana ER as the injured worker was noted to have become tolerant to the Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Oxymorphone (Opana).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines recommend a pain agreement for chronic opioid use, and consideration of use of a urine drug screen (UDS) to assess for use or the presence of illegal drugs. The Official Disability Guidelines (ODG) noted that Opana (Oxymorphone) is not recommended, as there is no clear benefit over other agents and has some disadvantages related to dose timing and potential for serious adverse events. The injured worker was noted to have been prescribed the Opana due to his tolerance to the Oxycontin. The MTUS guidelines recommend the Morphine Equivalent Dose (MED) of opioids should not exceed 120mg daily, with the injured worker's current MED at 225 without the Opana and the Actiq, and 285 with the addition of the Opana. The documentation provided did not include documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on continued medical treatment with the current opioid use. The documentation provided did not include a pain assessment that included the injured worker's current pain, least reported pain over the period since last assessment, or average pain. In May 2015, the physician noted the injured worker was developing multiple complications related to his de-conditioning and the toxic effects of high pain medications, actually likely that the opioid use was worsening his pain as opioid induced hyperalgesia (OIH). Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Opana ER 10mg twice a day #60.

Actiq 200mcg Bucal Lozenge on a handle by mouth as directed as needed 30 days #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Actiq (oral transmucosal Fentanyl lollipop).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note that Actiq is oral transmucosal Fentanyl citrate, a fast acting highly potent "lollipop" indicated only for the management of breakthrough cancer pain who are already receiving and are tolerant to opioid therapy for underlying persistent cancer pain, and is not for use in chronic pain with a Black Box warning for abuse potential. The Official Disability Guidelines (ODG) notes Actiq is contraindicated in acute pain and is not for use in chronic pain, and recommends that prior to a trial of Actiq there should be evidence of a screen for risk of addiction and evidence of a psych screening. The injured worker was noted to have been prescribed the Actiq since at least February 2015. The injured worker does not have a cancer diagnosis, nor was there an indication of a risk screen for addiction or psych evaluation for the use of the Actiq. In May 2015, the physician noted the injured worker was developing multiple complications related to his de-conditioning and the toxic effects of high pain medications, actually likely that the opioid use was worsening his pain as opioid induced hyperalgesia (OIH). Therefore, based on the guidelines the request for Actiq 200mcg buccal lozenge on a handle by mouth as directed as needed 30 days #30 is not medically necessary.

Oxycodone 10mg by mouth take 1 tablet by mouth 3 times a day as needed 30 days, #90:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Oxycodone.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. MTUS Guideline indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. The Official Disability Guidelines (ODG) notes that Oxycodone is a potentially addictive opioid analgesic. The injured worker was noted

to have been prescribed Oxycodone since at least February 2015. The injured worker was noted to report an improved level of function and reduction in pain with his medications, without documentation of objective, measurable improvement in the pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on continued medical care with the use of the Oxycodone. The pain assessment did not include the injured worker's current pain, least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Oxycodone, how long it takes for pain relief, or how long the pain relief lasts. In May 2015, the physician noted the injured worker was developing multiple complications related to his de-conditioning and the toxic effects of high pain medications, actually likely that the opioid use was worsening his pain as opioid induced hyperalgesia (OIH). Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Oxycodone 10mg by mouth take 1 tablet by mouth 3 times a day as needed 30 days, #90.

OxyContin 40mg by mouth ext. rel 12hrs take 1 tablet (40mg) every 8hrs #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. MTUS Guideline indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Oxycontin is a long acting opioid. The injured worker was noted to have been prescribed Oxycontin since at least February 2015. The injured worker reported improvement in function and reduction in pain with his medications without documentation of objective, measurable improvement in his pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on continued medical care with use of the Oxycontin. The pain assessment did not include the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Oxycontin, how long it takes for pain relief, or how long the pain relief lasts. In May 2015, the physician noted the injured worker was developing multiple complications related to his de-conditioning and the toxic effects of high pain medications, actually likely that the opioid use was worsening his pain as opioid induced hyperalgesia (OIH). Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Oxycontin 40mg by mouth ext. rel 12hrs take 1 tablet (40mg) every 8hrs #90.