MAXIMUS Federal Services

Case Number:	CM15-0180898		
Date Assigned:	09/22/2015	Date of Injury:	07/20/2008
Decision Date:	11/12/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/14/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59 year old female, who sustained an industrial injury on July 20, 2008. She reported neck pain, right upper extremity pain, right elbow pain, right shoulder pain, low back pain with left lower extremity pain. The injured worker was diagnosed as having lumbosacral spondylosis, cervical radiculopathy, lumbosacral radiculopathy, post-laminectomy syndrome of the lumbar region, insomnia, left patella fracture limb pain, arachnoiditis, genetic narcotic testing, malfunction of a neuro device, constipation and strain of supraspinatus muscle or tendon and major depression. Treatment to date has included diagnostic studies, radiographic imaging, and surgical intervention of the lumbar spine, H-wave device noted as helpful when used with Aqua therapy, aqua therapy, medications and work restrictions. Currently, the injured worker continues to report neck pain, right upper extremity pain, right elbow pain, right shoulder pain and low back pain with pain radiating to the left lower extremity with associated tingling and numbness. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was without complete resolution of the pain. It was noted the cervical pain was from a previous work related injury. Evaluation on July 1, 2015, revealed continued pain as noted. She rated her pain at 4 on a 1-10 scale with 10 being the worst. It was noted the low back pain was chronic and intractable. It was also noted her level of function was significantly improved with the prescribed medications. It was noted urinary dug screen on January 14, 2015, was consistent with expectations. Evaluation on August 26, 2015, revealed continued pain as noted. She rated her pain at 4 on a 1-10 scale with 10 being the worst. It was noted the right shoulder had decreased range of motion and positive Neer's and Hawkin's tests. It was noted

urinary drug screen on May 6, 2015 was inconsistent with expectations. The patient further notes the medication provides relief with no intolerable side effects. The patient is better able to accomplish activities of daily living with the use of this medication and the patient is noted to be monitored regularly with urine drug screens and state database queries. A report dated July 29, 2015 indicates that the patient has failed non-opioid conservative treatment. The pain medication is noted to reduce the patient's pain from 7/10 to 3-4/10. Functional improvement is also noted as a result of the pain medication. The RFA included requests for Dilaudid, Kadian, Lidoderm, Phenergan that were non-certified, and Oxycodone that was modified on the utilization review (UR) on August 31, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #90: Overturned

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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Dilaudid, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. The concurrent use of 2 short acting opiates is not generally recommended. However, a one-month prescription as requested here, should allow the requesting physician time to better document why to short-acting opiates are necessary, or eliminate one of them. In light of the above, the currently requested Dilaudid is medically necessary.

Kadian 50mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization

Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Kadian, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Kadian is medically necessary.

Oxycodone 15mg #90: Overturned

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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Oxycodone, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. The concurrent use of 2 short acting opiates is not generally recommended. However, a one-month prescription as requested here, should allow the requesting physician time to better document why to short-acting opiates are necessary, or eliminate one of them. In light of the above, the currently requested Oxycodone is medically necessary.

Lidoderm 5-10 #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): Topical Analgesics.

Decision rationale: Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested lidoderm is not medically necessary.

Phenergan 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Promethazine (Phenergan); Antiemetics (for opioid nausea).

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

Decision rationale: Regarding the request for promethazine (Phenergan), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to state that promethazine is approved as a sedative and antiemetic for perioperative use. Within the documentation available for review, there is no indication that promethazine is being used to treat perioperative nausea. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested promethazine (Phenergan) is not medically necessary.