

Case Number:	CM15-0181242		
Date Assigned:	10/13/2015	Date of Injury:	03/29/2000
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/15/2015

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 55 year old male sustained an industrial injury on 3-29-00. Documentation indicated that the injured worker was receiving treatment for progressive cervical stenosis with facet arthropathy. Previous treatment included cervical fusion (2006), physical therapy, acupuncture, injections, motorized wheel chair, home care assistance and medications. Following cervical fusion the injured worker could not breathe and was placed on emergency ventilation. The injured worker required ongoing continuous positive airway pressure. Documentation did not disclose the amount of previous acupuncture or physical therapy. Magnetic resonance imaging cervical spine (6-16-15) showed stable postsurgical changes of spinal fusion at C4-5 and C5-6 and mild to moderate cervical spine degenerative disc disease. In a progress report dated 10-22-14, the injured worker stated that he was still experiencing pain in the neck, both arms, shoulders, elbows, wrists and hands with worsened paresthesia and difficulties with activities of daily living. The physician noted that he was now a paraplegic and had to use a wheelchair. The injured worker was self-catheterizing. Current medications Opana ER, Nexium, Elavil, Gabapentin, Baclofen, Docusate, Benazepril and Zofran. In a PR-2 dated 3-11-15, the injured worker complained of ongoing pain and difficulties with activities of daily living. Physical exam was remarkable for "severe" pain, spasm and tenderness to palpation at the left shoulder and trapezius, increased lumbar tenderness to palpation and a probable pressure at the right leg below the knee. The physician stated that the injured worker had been advised to discontinue Opana. The treatment plan included a trial of Hysingla, home care 24 hours a day, 7 days a week, a segmented mattress, a dermatology evaluation and physical therapy and acupuncture. In a PR-2

dated 5-20-15, the injured worker's complaints were unchanged. The physician noted that the injured worker now had a pressure sore on the right shin with possible infection and redness. The treatment plan included continuing long acting Opana, a new prescription for Oxycodone, physical therapy, acupuncture and a dermatology consultation. In a PR-2 dated 7-21-15, the physician stated that the injured worker had to visit the Emergency Department due to shin micosis. The injured worker also had a urinary tract infection, ongoing headaches and left shoulder and trapezius spasms and pain. The injured worker stated that Opana provided benefit. The physician stated that none of his recommendations had been done. The physician stated that the injured worker need in home care and wound care as soon as possible. The physician stated that he would try to convert the injured worker to Hysingla instead of Opana. The physician requested a prescription for Opana ER and Oxycodone, a urine drug screen, one month of home health with wound care, four hours a day, seven days a week, a sequential chamber mattress, twelve sessions of acupuncture and an unknown number of physical therapy sessions. On 9-8-15, Utilization Review modified a request for Opana ER 15mg #60 to Opana ER 15mg #24 and noncertified a request for one urine drug screen, a prescription of Oxycodone 10mg #30, one month of home health care with wound care four hours a day, seven days a week, twelve sessions of acupuncture and unknown physiotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 15 mg #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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 7/21/15 progress report provided by the treating physician, this patient presents with unchanged headaches, left shoulder/trapezius pain and spasm. The treater has asked for Opana ER 15 MG #60 on 7/21/15. The patient's diagnoses per request for authorization dated 9/4/15 are pain in limbs, headaches, and paresthesia. The patient is s/p anterior spinal fusion at C4-5 and C5-6 with placement of intervertebral disc spacers per 7/21/15 report. The patient is now a paraplegic and has to use a wheelchair per 5/20/15 report. The patient is s/p visit to the ER due to shin micosis, with a UTI per 7/21/15 report. The patient has a probable pressure sore at the right leg below the knee per physical exam on 7/21/15 report. The patient is totally and permanently disabled per 7/21/15 report. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument

or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. Patient has been taking Opana since 10/22/14 and in reports dated 1/28/15, 5/20/15, and 7/21/15. The patient is to increase dosage of Opana to 20mg in the morning and 15mg at bedtime per 1/28/15 report. The patient was recommended to discontinue Opana per 3/11/15 report. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.

One (1) urine drug screen: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: Based on the 7/21/15 progress report provided by the treating physician, this patient presents with unchanged headaches, left shoulder/trapezius pain and spasm. The treater has asked for One (1) urine drug screen on 7/21/15. The patient's diagnoses per request for authorization dated 9/4/15 are pain in limbs, headaches, and paresthesia. The patient is s/p anterior spinal fusion at C4-5 and C5-6 with placement of intervertebral disc spacers per 7/21/15 report. The patient is now a paraplegic and has to use a wheelchair per 5/20/15 report. The patient is s/p visit to the ER due to shin micosis, with a UTI per 7/21/15 report. The patient has a probable pressure sore at the right leg below the knee per physical exam on 7/21/15 report. The patient is totally and permanently disabled per 7/21/15 report. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." The treater does not discuss this request in the reports provided. The treater has not provided the patient's risk assessment. Given the patient is undergoing opioid therapy, the request would appear to be indicated. Utilization review letter dated 9/8/15 denies request citing that the candidate is not a candidate for Opana and therefore, a urine drug screen is not indicated. However, ODG recommends urine drug screens on a yearly basis if the patient is at low risk. As there is no indication of prior UDS from per review of reports, this request is medically necessary.