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| Case Number: | CM15-0185082 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 06/03/2005 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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 64 year old woman sustained an industrial injury on 6-3-2005. Diagnoses include headaches and cervical spine pain, shoulder pain, and muscle spasm. Treatment has included oral medications. Physician notes dated 8-13-2015 show complaints of head, shoulder, and neck pain. The worker is back to work. The physical examination shows pain on examination, right neck muscle spasms, and range of motion of right shoulder to 90 degrees. Recommendations include Oxycontin, Oxycodone, MS Contin, follow-up monthly for pain management and refills, and follow-up every three months for case management. Utilization Review denied a request for Oxycontin and modified a request for MS Contin on 8-27-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60 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: The 64 year old patient complains of pain in neck, shoulder and neck, as per progress report dated 08/13/15. The request is for MS Contin 60 mg #60. The RFA for this case is dated 08/19/15, and the patient's date of injury is 06/03/05. Diagnoses, as per progress report dated 08/13/15, included headaches, cervical pain, shoulder pain, and muscle spasm. Medications included Oxycontin, Oxycodone, and MS Contin. The patient is status post right shoulder surgery and status post neck surgery, as per progress report dated 01/21/15. The patient is on modified duty, as per progress report dated 08/13/15. MTUS, criteria for use of opioids section, 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, 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, p77, 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." In this case, MS Contin is first noted in progress report dated 01/23/15. It is not clear when this opioid was initiated. As per progress report dated 02/17/15, the patient does well with her pain medications and is managing them appropriately. As per progress report dated 01/23/15, limitation in medication has led to increased headaches and reduced ability to perform activities of daily living. In a passionate, handwritten letter, the patient states that she would not be able to work without this medication. The treater, however, fails to establish the efficacy of the MS Contin. The treater does not discuss before and after analgesia using a validated scale nor does the treater document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. There are no UDS's and CURES reports available for review to address aberrant behavior. In this case, treater has not addressed the 4A's to warrant continued use of this medication. Hence, the request is not medically necessary.

Oxycontin 40 mg #110: 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: The 64 year old patient complains of pain in neck, shoulder and neck, as per progress report dated 08/13/15. The request is for Oxycontin 40 mg #110. The RFA for this case is dated 08/19/15, and the patient's date of injury is 06/03/05. Diagnoses, as per progress report dated 08/13/15, included headaches, cervical pain, shoulder pain, and muscle spasm. Medications included Oxycontin, Oxycodone, and MS Contin. The patient is status post right shoulder surgery and status post neck surgery, as per progress report dated 01/21/15. The patient is on modified duty, as per progress report dated 08/13/15. MTUS, criteria for use of opioids section, 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, 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, p77, 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." In this case, Oxycontin is first noted in progress report dated 12/30/10. It is not clear when this opioid was initiated. As per progress report dated 02/17/15, the patient does well with her pain medications and is managing them appropriately. As per progress report dated 01/23/15, limitation in medication has led to increased headaches and reduced ability to perform activities of daily living. In a passionate, handwritten letter, the patient states that she would not be able to work without this medication. The treater, however, fails to establish the efficacy of the Oxycontin. The treater does not discuss before and after analgesia using a validated scale nor does the treater document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. There are no UDS's and CURES reports available for review to address aberrant behavior. In this case, treater has not addressed the 4A's to warrant continued use of this medication. Hence, the request is not medically necessary.