MAXIMUS Federal Services

Case Number:	CM15-0186001		
Date Assigned:	09/28/2015	Date of Injury:	05/08/2006
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
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, 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 60 year old male, who sustained an industrial injury on 5-8-06. The documentation on 8-25-15 noted that the injured worker has complaints of low back pain with radiation to right lower extremity. The documentation noted that the injured worker is awaiting authorization for back brace due to he needs a new back brace as his is greater than 4 years old and his no longer fits appropriately as he has gained 30 pounds over the past couple of years. The documentation noted on 8-25-15 that per the 7-14-15 note the injured worker had complaints of increased depression, anxiety and neuropathic pain with intermittent periods of flare-ups of his neuropathic pain which radiates in to his left hip and into bilateral lower extremities that causes extreme pressure sensation in his bilateral feet. The documentation noted that the injured worker states that without his pain medications he would be mostly bedridden. There is decreased range of motion and positive left flank tenderness to light touch and S1 (sacroiliac) joint tenderness right side. The documentation noted that the injured worker reports he able to perform household chores and walk his dog 15 to 20 minutes daily with use of pain medications. The diagnoses have included lumbago; lumbar degenerative disc disease and lumbar facet arthropathy. Treatment to date has included gabapentin for neuropathic pain; lyrica with no signifant relief; oxycontin; norco; valium; amitriptyline; voltaren; pepcid and lumbar epidural steroid injection with short duration of relief of two to four days. The original utilization review (9-8-15) non-certified the request for oxycontin 20mg #90 and norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #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.

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 no documentation to support the medical necessity of oxycontin nor any 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 pain relief, 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. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 10/30/14 was positive for oxycodone but negative for prescribed hydrocodone. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Norco 10/325mg #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.

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 medical records notes

that the injured worker rated pain levels without medications 4-9/10 and pain level with medication 0-5/10. He reported that he was able to ambulate for 1/4 miles for exercise, water his plants, and complete his household chores. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 10/30/14 was positive for oxycodone but negative for prescribed hydrocodone. Absent appropriate UDS, medical necessity cannot be affirmed.