

Case Number:	CM15-0192198		
Date Assigned:	10/06/2015	Date of Injury:	11/21/1983
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	09/30/2015

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: Connecticut, California, Virginia
 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 61 year old male, who sustained an industrial injury on November 21, 1983. The injured worker was diagnosed as having chronic pain syndrome with chronic opioid use, status post multiple cervical spine surgeries with fusion from cervical three through six, post cervical laminectomy syndrome, and bilateral cervical radiculopathy and myofascial pain. Treatment and diagnostic studies to date has included medication regimen, above noted procedures, psychological evaluation, Botox injections, and laboratory studies. In a progress note dated September 16, 2015 the treating physician reports complaints of burning, shooting, radiating, cramping, aching, dull, squeezing, and pressure pain to the neck and the bilateral upper extremities with numbness and tingling. Examination performed on September 16, 2015 was revealing for a decreased range of motion with pain to the neck. The injured worker's current medication regimen on September 16, 2015 included Subsys (since at least March of 2015), Pamelor (since at least September of 2015), Ambien (since at least May of 2015), Exalgo (since at least March of 2015), Oxycodone (since at least March of 2015), and Tizanidine (since at least April of 2015). On September 16, 2015, the injured worker's current pain level was rated a 9 out of 10, prior pain assessment from previous visit was a 7 out of 10, and there was a decrease in pain to a 6 out of 10 with the use of the injured worker's medication regimen. The progress note did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. Teleconference form March 24, 2015 noted emergency room visit with date unknown secondary to the injured worker's symptoms of disorientation and possible hallucinations with the treating physician noting that "the emergency room doctors did not find a

problem. In my opinion, it appears that he was having a relative withdrawal." The follow-up note from March 30, 2015 noted the medication regimen of Oxycodone and Exalgo along with the treating physician documenting that the injured worker "has cut back significantly on all of his medications", but the note did not indicate the medications and the amount of the medications reduction. On September 16, 2015, the treating physician requested the medications of Subsys 600mcg with a quantity of 180, Ambien 10mg with a quantity of 25, Oxycodone 30mg with a quantity of 120, and Exalgo 16mg with a quantity of 60 noting current use of these medications. On September 29, 2015, the Utilization Review determined the requests for Subsys 600mcg with a quantity of 180, Ambien 10mg with a quantity of 25, Oxycodone 30mg with a quantity of 120, and Exalgo 16mg with a quantity of 60 to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 600 mcg #180: 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, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines. Given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the requests for multiple opioids to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medications and the chronic risk of continued treatment, the requests for Subsys, Oxycodone, and Exalgo are not considered medically necessary as initially written; weaning is indicated as supported by the provided documents.

Ambien 10 mg #25: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment (Ambien/Zolpidem).

Decision rationale: Ambien is indicated for short-term treatment of insomnia. Per the ODG Guidelines for Insomnia, Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Without further details regarding the treatment plan and reasoning as to why more appropriate long-term treatment modalities are considered ineffective, the request is not considered medically necessary at this time. Weaning has been appropriately suggested by Utilization Review.

Oxycodone 30 mg #120: 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, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines. Given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the requests for multiple opioids to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medications and the chronic risk of continued treatment, the requests for Subsys, Oxycodone, and Exalgo are not considered medically necessary as initially written; weaning is indicated as supported by the provided documents.

Exalgo 16mg #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, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines. Given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the requests for multiple opioids to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medications and the chronic risk of continued treatment, the requests for Subsys, Oxycodone, and Exalgo are not considered medically necessary as initially written; weaning is indicated as supported by the provided documents.