MAXIMUS Federal Services

Case Number:	CM15-0193135		
Date Assigned:	10/07/2015	Date of Injury:	10/01/1990
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/01/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 59 year old male with a date of injury on 10-01-1990. The injured worker is undergoing treatment for chronic pain, cervical radiculitis, cervical strain-sprain, lumbar post laminectomy syndrome, lumbar radiculopathy, chronic constipation, depression and hemorrhoids. A physician progress note dated 09-08-2015 documents the injured worker has complaints of chronic neck pain and chronic lower back pain. His neck pain is consent and he has numbness with radiation in his bilateral upper extremities as well as bilateral occipital and temporal headaches. He also has complaints of depression and lumbar pain and numbness with radiation to his bilateral lower extremities. He has bowel and bladder dysfunction and incontinence. He also has shoulder pain and that he was unable to use his left arm beyond 10% of motion due to weakness, pain and numbness. Overall his pain is the same as the previous visit. He rates his pain as 9 out of 10 with medications, and an average of 10 out of 10 without his meds. His ADL are limited due to his pain. He has complaints of nausea, gastroesophageal reflux disease, and severe constipation. He fell in June and his wheelchair broke in June. He uses his wheel chair for transportation. He injured his left foot in the fall and developed an infection, and is on antibiotics. He has developed Opioid tolerance due to the long use of Opioids. Treatment to date has included diagnostic studies, medications, status post cervical fusion, trigger point injections, and psychological visits. Current medications include Clotrimazole-Betamethasone cream, Flexor patch, Hydrocortisone supp, Oxycodone-APAP, Savella, Amitriptyline, Gabapentin, Senna-Docusate, Bupropion, Clonazepam, diazepam, Docusate, Hydrocodone-APAP, Konsyl Fiber, Nuvigil, and Topiramate. X rays of the left elbow

done on 06-23-2015 showed no acute abnormality. Cervical spine x rays showed incomplete bony fusion of C7 and T1, moderately severe degenerative disc disease at C2-3 and C1-2; multilevel foraminal narrowing is suspected and thought to be greatest at C3-4 and C4-5. Thoracic x rays revealed metallic plate fixation at lower cervical spine and is identified and throughout to be at the C7-T1 level. There is diffuse degenerative spurring with only minimal disc space narrowing. He is not working. The Request for Authorization dated 09-22-2015 includes an internal medicine evaluation-left foot infection, Amitriptyline 50mg #30, Gabapentin 300mg #180, Hydrocortisone 2mg #12, Motorized wheelchair, Oxycodone (since at least 04-14-2015) 10/325mg #150, and Senokot 8.6/50mg #120. On 09-25-2015 Utilization Review non-certified the request for Motorized wheelchair, and modified the request for Oxycodone 10/325mg #150 to Oxycodone 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Power mobility devices.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs). Decision based on Non-MTUS Citation Hoenig H, et al. Overview of geriatric rehabilitation: Program components and settings for rehabilitation. Topic 16852, version 10.0. UpToDate. Accessed 11/13/2015.

Decision rationale: Mobility devices may be used for physical limitations affecting mobility, such as weakness, problems with balance, limited endurance, and/or sensory issues. Devices are intended to improve mobility and independence and to provide some protection against falls. However, there is limited research on the impact of these devices. Wheelchairs are needed when a person is unable to have weight on the legs or has a significant limitation with function. Some examples of a significant limitation include severe weakness in both legs or balance and coordination problems that are so severe a walker cannot be used. The MTUS Guidelines support the use of motorized devices when a cane or walker is not sufficiently helpful, the worker does not have the arm strength to independently use a wheelchair, and a caregiver is not available to help the worker move the wheelchair. Motorized devices should only be used if absolutely necessary for mobility. The submitted and reviewed documentation indicated the worker was experiencing neck pain that goes into the arms with numbness, headaches, problems sleeping, lower back pain that goes into the legs with numbness, problems controlling stool and urine, left pelvic pain, left shoulder pain with weakness and numbness, abdominal upset, nausea, and severe constipation. These records did not detail the reason a new power wheelchair was required or describe special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a motorized wheelchair is not medically necessary.

Oxycodone 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids (Classification), 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: Oxycodone with acetaminophen is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing neck pain that goes into the arms with numbness, headaches, problems sleeping, lower back pain that goes into the legs with numbness, problems controlling stool and urine, left pelvic pain, left shoulder pain with weakness and numbness, abdominal upset, nausea, and severe constipation. The recorded pain assessments contained few of the elements suggested by the Guidelines. There was no discussion describing how often the medication was needed and used by the worker or providing an individualized risk assessment. Further, the worker was suffering from severe constipation, which is a known side effect of oxycodone, and the documentation reported only a minimal improved pain intensity with the use of this medication. For these reasons, the current request for 150 tablets of oxycodone with acetaminophen 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.