

Case Number:	CM15-0194146		
Date Assigned:	10/08/2015	Date of Injury:	01/31/2006
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 1-31-2006. The injured worker is undergoing treatment for neck pain secondary to failed cervical fusion with radiculopathy and back pain secondary to disc herniation with radiculopathy. Medical records dated 9-11-2015 indicate the injured worker complains of neck pain radiating to the arms with numbness and tingling. He reports back pain radiating to the legs with numbness and tingling rated 4 out of 10 at best and 7 out of 10 at worst and unchanged. Physical exam dated 9-11-2015 notes cervical tenderness to palpation with painful decreased range of motion (ROM). There is lumbosacral tenderness to palpation with decreased range of motion (ROM). There is decreased sensation in the left arm, wrist, fingers, thigh, knee and ankle. Treatment to date has included pain management, cervical fusion, physical therapy, injections, Oxycontin (since at least 1-2015, Percocet, Oxycodone, Soma, Xanax and Lisinopril. The original utilization review dated 9-23-2015 indicates the request for Opana ER 40mg #60 is non-certified and Roxicodone 30mg #120 is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there was record of Oxycontin use, which was denied by previous reviewers based on lack of evidence of functional gain with use. The provider then attempted to wean down on this medication as recommended, but with reported increased pain. An attempt to add in a new medication to replace or compliment the Oxycontin (Opana ER) was then made. However, adding in a new medication is not medically necessary. If there were evidence of functional gain from Oxycontin, which was not found to be specifically reported in the notes made available, then the appropriate move would be to maintain the Oxycontin dose that was effective. Adding on Opana ER is not going to produce any different effect and is also not likely to lead to functional gain, if there is no benefit to the Oxycontin. For these two reasons, this request for Opana ER will not be considered medically necessary at this time. Continuation of a wean of Oxycontin would seem more appropriate.

Roxicodone 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid

use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, who had used Roxicodone leading up to this request for continuation, there was insufficient evidence of functional gain related to its use for breakthrough pain. If this was by mistake, not included in the notes and this worker actually was able to experience functional gains from this medication, then this needs to be shown via specific reporting of function and pain with and without the use of this medication, or before and during use. Therefore, due to fact that this evidence was missing from the notes provided, this request for Roxicodone will be considered medically unnecessary at this time. Continued weaning may be indicated.