

Case Number:	CM15-0194760		
Date Assigned:	10/08/2015	Date of Injury:	11/04/2000
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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 with an industrial injury dated 11-04-2000. A review of the medical records indicates that the injured worker is undergoing treatment for unspecified thoracic and lumbar neuritis and radiculitis, post-laminectomy syndrome cervical, and brachial neuritis and radiculitis nonspecific, and migraine variants intractable. According to the progress note dated 08-18-2015, the injured worker reported headache, back pain, neck pain and shoulder pain. Pain level was 5 out of 10 at least and a 9 out of 10 at worst on a visual analog scale (VAS). The pain is constant and radiating. The pain increases with activity and cold. The pain decreases with rest, lying down, medications, and heat. Objective findings (08-18-2015) revealed right decreased neck range of motion, tenderness to palpitation of cervical paraspinal muscle with spasm, bilateral cervical trigger point, bilateral trapezius trigger point, bilateral rhomboid trigger point, positive bilateral tenderness to palpitation of cervical facets joint C5-7, positive Spurling's test, positive foraminal compression test, decreased range of motion in all plane, decreased range of motion of extension, tenderness to palpitation of lumbar paraspinal area, tenderness to palpitation over the lumbar spine with spasm, bilateral trigger points, positive right straight leg raises on the right, ankle dorsiflexion weakness and right lumbar radicular signs. According to the progress note dated 09-14-2015 the injured worker reported that he was trying hard to wean his medication and had a significant increase in pain, depression and anxiety. Pain level was 7 out of 10 at least and a 10 out of 10 at worst on a visual analog scale (VAS). The injured worker reported that the pain is increased with movement and decreased with medication. Medications include Seroquel, Oxycontin and Roxicodone. Objective findings (09-14-2015) revealed no acute distress and no signs of sedation or withdrawal. Treatment has

included diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. The treatment plan included medication management. Medical records indicate that the injured worker has been on Oxycodone and Roxicodone since at least March of 2015. Toxicology report dated 03-05-2015 was consistent for Oxycodone and inconsistent for Fentanyl and Lorazepam. The treating physician prescribed Oxycontin 40 mg Qty 60 and Roxicodone 30 mg Qty 200. The utilization review dated 09-25-2015, denied the request for Oxycontin 40 mg Qty 60 and Roxicodone 30 mg Qty 200.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), 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, 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 3/5/15 was consistent for oxycodone and inconsistent for fentanyl and lorazepam. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Roxicodone 30 mg Qty 200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), 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, 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 roxicodone 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 3/5/15 was consistent for oxycodone and inconsistent for fentanyl and lorazepam. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.