

Case Number:	CM15-0197312		
Date Assigned:	10/13/2015	Date of Injury:	11/23/2004
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/07/2015

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 female who sustained an industrial injury on November 23, 2004. Recent primary treating visit dated September 21, 2015 reported subjective complaint of "pain in neck and bilateral shoulders and hands." Current medication regimen listed: OxyContin, Norco, Neurontin, and Vistaril. A primary treating office visit dated March 20, 2015 reported subjective complaint of "sleep being restless," "hopeful for recovery after surgery in January." She states she wore the neck brace and hopes it will speed the recovery. Gabapentin is noted not covering all of her neuropathic pain and she is with allergy to tricyclic's. The following diagnosis was applied to this visit: depression, major, reoccurring. The following were prescribed this visit: Duloxetine, Ambien, and Clonazepam. Primary treating visit dated March 03, 2015 reported subjective complaint of "neck pain radiating into both arms with numbness." Current medications listed: OxyContin ER, Norco, Zanaflex, Prilosec, and Neurontin. The following diagnoses were applied to this visit: chronic pain syndrome; cervical fusion; cervical radiculitis, and shoulder strain and sprain. She "continues to takes between 6 and 8 Norco daily and two OxyContin daily, which is helping decrease her discomfort." The "current regimen decreases her pain by approximately 40%." The plan of care is to continue OxyContin; HOLD Zanaflex; prescribe trial Lorzone; decrease Norco; and continue Neurontin. On September 22, 2015 a request was made for OxyContin ER 10mg #40; Norco 10mg 325mg #60, and Vistaril 25mg #60 which were modified for OxyContin and Norco and Vistaril was noncertified by Utilization Review on September 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0023966/>.

Decision rationale: The MTUS and ODG guidelines are silent on the use of hydroxyzine. Per the US National Library of Medicine, Hydroxyzine treats anxiety, nausea, vomiting, allergies, skin rash, hives, and itching, may also be used with anesthesia for medical procedures. While it is noted per the medical records that the injured worker is diagnosed with depression and the injured worker is allergic to tricyclics, there is no rationale provided as to why this medication is prescribed. Medical necessity cannot be affirmed. The request is not medically necessary.

Norco 10/325mg #165: 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 nonadherent) 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 insufficient documentation to support the medical necessity of norco nor sufficient 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 functional status improvement or appropriate medication use. 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. It was noted per 9/17/15 that the injured worker rated pain 7-8/10 without medication, and 5/10 with medication. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS was performed 7/9/15, however, results were not documented. As MTUS recommends to discontinue opioids if there is no overall

improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.

Oxycontin 10mg #40: 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 nonadherent) 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 insufficient documentation to support the medical necessity of oxycontin nor sufficient 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 functional status improvement or appropriate medication use. 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. It was noted per 9/17/15 that the injured worker rated pain 7-8/10 without medication, and 5/10 with medication. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS was performed 7/9/15, however, results were not documented. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.