

Case Number:	CM15-0203353		
Date Assigned:	10/20/2015	Date of Injury:	08/15/2009
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/15/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 62 year old male, who sustained an industrial injury on 6-15-2009. The injured worker is undergoing treatment for: right elbow pain, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, lumbar spinal stenosis, lower leg osteoarthritis, and chondromalacia of patella. On 8-10-15, he reported having had 80 percent relief of low back pain following a medial branch block on 6-29-15. He had continued pain in the neck, mid and low back, right elbow and bilateral knees, with neck pain radiation into the upper extremities down to the hands. He rated his pain 6 out of 10 with medications and 9-10 out of 10 without medications. He indicated his medications to be helping less than they had a month prior, and that Percocet helped with breakthrough pain. Objective findings revealed tenderness in the right elbow, and lumbar area, negative straight leg raise testing bilaterally. There is notation of a narcotic agreement on file, and no aberrant behavior. On 9-18-15, he reported his pain "compared to last visit. The record is not clear regarding his current subjective complaints. Physical examination revealed no tenderness in the neck, thoracic spine, ribs, or lumbosacral areas, normal lumbar range of motion, no evidence of deformities or instability, no contractures, and negative straight leg raise bilaterally, "minimal if any sacroiliac tenderness bilaterally". The treatment and diagnostic testing to date has included: medications, home exercise program, physical therapy. Medications have included: docusate sodium, omeprazole, oxycontin, Percocet, polyethylene glycol, voltaren gel, zolpidem. The records indicate he has been utilizing Percocet and oxycontin since at least March 2015, possibly longer. Current work status: off work. The

request for authorization is for: Oxycontin 60mg tablets quantity 90, Percocet 10-325mg tablets quantity 180. The UR dated 10-15-2015: modified certification of Oxycontin 60mg quantity 30, and Percocet 10-325mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60 MG Qty #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain. Decision based on Non-MTUS Citation State of Washington Agency Medical Directors Group Interagency Guidelines on Prescribing Opioids for Pain.

Decision rationale: MTUS 2009 states that opioids used to treat chronic non-malignant pain should provide functional improvement. This patient receives in excess of 270 MED. According to [REDACTED] Opioid Guidelines, the risk of overdose doubles with MED ranging from 20 to 49 MED and increases nine fold with MED of 100. The medical records do not describe any significant functional improvement especially when compared to the risk of overdose at the current dosing regimen. This request for Oxycontin is not consistent with evidence based guideline recommendations and is not medically necessary.

Percocet 10/325 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: MTUS 2009 states that opioids used to treat chronic non-malignant pain should provide functional improvement. The patient's current MED is in excess of 270 which is associated with significant risk of overdose and associated morbidity. The patient's reported functional benefit from the opioids is minimal considering the high dose and risk of overdose. This request for Percocet is not medically necessary.

Referral for consultation with orthopedic hand specialist for CTR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, Surgical Considerations.

Decision rationale: MTUS 2009 recommends consultation to assist with diagnosis, prognosis or treatment. Utilization review denied the consultation since the patient had not had electrodiagnostic studies. Electrodiagnostic studies are not a prerequisite for specialty consultation to assist with diagnosis and/or treatment. This request for specialty consultation is consistent with MTUS 2009 recommendations and is medically necessary.

Urine drug screen: 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): Drug testing, Opioids, dealing with misuse & addiction, Opioids, pain treatment agreement.

Decision rationale: MTUS 2009 states that urine drug screens are an option if illicit drug use is suspected. Urine drug screens are also used to monitor adherence to an opioid regimen and ensure that illicit drugs are not used. Screening tests consist of immunoassays, which can then confirm the presence of detected substances with gas chromatography or mass spectrometry with more specificity and sensitivity. However, gas chromatography or mass spectrometry is not needed as a screening tool when immunoassays are available. This request for urine drug testing is not medically necessary since no justification has been provided for the type of testing performed.