MAXIMUS Federal Services

Case Number:	CM15-0203431		
Date Assigned:	10/20/2015	Date of Injury:	09/02/2011
Decision Date:	12/01/2015	UR Denial Date:	09/16/2015
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: North Carolina
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 49 year old female, who sustained an industrial injury on 9-2-11. The documentation on 9-2-15 noted that the injured worker has complaints of persistent neck and low back pain. The injured worker reports her leg pain has gotten worse and she reports continued weakness. Spine range of motion is decreased and there is moderate tenderness to cervical paraspinous muscles and significant muscle spasms noted, bilaterally. Motor exam has diffuse upper extremity weakness and decreased sensation left 5th finger. Motor exam has diffuse lower extremity muscle weakness and sensory exam has decrease in sensation along, lateral calf bilateral. Cervical magnetic resonance imaging (MRI) in June 2014 revealed mild to moderate multilevel degenerative disc disease; there is a 4 millimeter left disc-osteophyte complex at the C6-7 and there is mild narrowing of the left neural formaen. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified; degeneration of lumbar or lumbosacral intervertebral disc; limb pain; left shoulder pain; cervical radiculopathy; thoracic pain and muscle spasms. Urine drug screen on 6-9-15 was consistent and Controlled Substance Utilization Review and Evaluation System was consistent in June 2015. Treatment to date has included transcutaneous electrical nerve stimulation unit with benefits. Current medications listed as oxycontin; oxycodone; adderall; prozac; wellbutrin XL; sumavel dose pro; furosemide and estrogen. The documentation noted that the injured worker has been on oxycontin 60mg since at least 3-17-15. The original utilization review (9-16-15) modified the request for 3 office visits to one office visit. The request for 1 urine drug screen and oxycontin 60mg #120 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 office visits: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical reevaluations.

Decision rationale: The California MTUS and the ACOEM do not directly address the requested service. The ODG states that follow up visits for reevaluation are based on medical need as dictated by ongoing complaints and response to treatments prescribed. The patient has ongoing and persistent neck and back pain that has failed to fully respond to therapy, Therefore follow up office visits are medically necessary.

1 urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids .The patient was on opioids at the time of request and therefore the request is medically warranted.

Oxycontin 60mg #120: Upheld

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

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long- term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.