MAXIMUS Federal Services

Case Number:	CM15-0207379		
Date Assigned:	10/26/2015	Date of Injury:	02/26/2000
Decision Date:	12/08/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/21/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, 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 63 year old male with an industrial injury date of 02-26-2000. Medical record review indicates he is being treated for status post anterior and posterior spinal fusion, "basically" failed laminectomy syndrome and anxiety and panic disorder. Subjective complaints (10-01-2015) included intractable back pain radiating into his left buttock and posterior thigh along with painful left gluteal mass. The injured worker stated with medication he gets 50% reduction in pain and functional improvement with activities of daily living. He rates his pain as 8 out of 10, at best 4 out of 10 with and 10 out of 10 without medications. Work status is not indicated (10-01-2015). Physical exam (10-01-2015) of the back revealed palpable spasm. The injured worker could flex 20 degrees. He could not stand up straight. Sensory loss to light touch and pinprick in left lateral calf and bottom of his foot was noted. There was a "large" gluteal mass palpable in the left gluteal region. Current medications (10-01-2015) included MS Contin (at least since 06-23-2015) and Oxycodone (at least since (06-23-2015). Other prior medications or prior treatments are not indicated. The treating physician documented the injured worker was under a narcotic contract with the office and urine drug screens had been appropriate. On 10-15-2015 the request for Oxycodone 30 mg #120 was non-certified by utilization review. The request for MS Contin 100 mg # 90 was modified to a quantity of 67.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified a prior request for Oxycodone to facilitate appropriate weaning. Non certification of this request for oxycodone is reasonable. At this time, weaning of MS Contin is also indicated, and has been appropriately facilitated by modification by utilization review. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the requests for MS Contin and oxycodone are not considered medically necessary.

MS Contin 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should

be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified a prior request for Oxycodone to facilitate appropriate weaning. Non certification of this request for oxycodone is reasonable. At this time, weaning of MS Contin is also indicated, and has been appropriately facilitated by modification by utilization review. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the requests for MS Contin and oxycodone are not considered medically necessary.