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| Case Number: | CM15-0031819 | | |
| Date Assigned: | 02/25/2015 | Date of Injury: | 01/11/1997 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 58 year old male, who sustained an industrial injury on 1/11/1997. The current diagnoses are lumbar sprain, degenerative disc disease of the lumbar spine, degenerative joint disease, chronic pain with associated mood disorder/depression, opiate tolerant, and obesity. Currently, the injured worker complains of ongoing low back pain. He reports aching down his legs with prolonged standing and walking. Current medications are Oxycodone, OxyContin, Singulair, Aspirin, Amitiza, Lunesta, and Xanax. The physical examination of the lumbar spine reveals tenderness over the mid-lumbar spine increasing with forward flexion and extension. There is hyperlordosis noted. Treatment to date has included medications and exercises. The treating physician is requesting OxyContin 80 mg #180 with two refills, Oxycodone 30 mg #390 with two refills, one meal replacement program, one follow up with pain management, unknown monthly follow-ups with psychiatrist, and one medical case manager, which is now under review. On 2/5/2015, Utilization Review had non-certified a request for OxyContin 80 mg #180 with two refills, Oxycodone 30 mg #390 with two refills, one meal replacement program, one follow up with pain management, unknown monthly follow-ups with psychiatrist, and one medical case manager. The California MTUS Chronic Pain, ACOEM, and Non-MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg, 180 count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Oxycontin is an extended release preparation of the opioid oxycodone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case, the maximum daily dosage of oxycontin requested is 480 mg or 720 mg morphine equivalents. Request for daily dosage of oxycodone of 390 mg or 585 mg morphine equivalents was also submitted. The total daily morphine equivalents is 1305 mg. This surpasses the recommended maximum of 120 mg morphine equivalents. In addition, the patient has been receiving opioids since at least May 2012 and has not obtained analgesia. Criteria for long-term opioid use have not been met. The request should not be authorized.

Oxycodone 30 mg, 390 count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Oxycodone is an opioid medication. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case, the maximum daily dosage of oxycontin requested is oxycodone of 390 mg or 585 mg morphine equivalents. Request for daily dosage of 480 mg or 720 mg morphine equivalents was also submitted. The total daily morphine equivalents is 1305 mg. This surpasses the recommended maximum of 120 mg morphine equivalents. In addition, the patient has been receiving opioids since at least May

2012 and has not obtained analgesia. Criteria for long-term opioid use have not been met. The request should not be authorized.

One meal replacement program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitch A, Everling L, Fox C, Goldberg J, Heim C, Johnson K, Kaufman T, Kennedy E, Kestenbaum C, Lano M, Leslie D, Newell T, O'Connor P, Slusarek B, Spaniol A, Stovitz S, Webb B; Prevention and Management of Obesity in Adults, Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 May. 99 p [161 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight loss Treatment Guidelines from the Medical Letter, April 1, 2011, Issue 104, page 17: Diet, Drugs, and Surgeries for Weight Loss.

Decision rationale: Diet and exercise are the preferred methods for losing weight, but are still associated with high long-term failure rates. Patients on a diet generally lose 5% of their body weight over the first 6 months, but by 12-24 months weight often returns to baseline. The long-term ineffectiveness of weight-reduction diets may be due to compensatory changes in energy expenditure that oppose the maintenance of a lower body weight, as well as genetic and environmental factors. There are no recommendations for meal replacement program in the Chronic Pain Medical Treatment Guidelines or in the Official Disability Guidelines. The lack of information does not allow determination for medical necessity and safety. The request should not be authorized.

One follow up with pain management: 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 UpToDate; Evaluation of Chronic Pain in Adults.

Decision rationale: Many patients with chronic pain may be managed without specialty referral. Patients may require referral to a pain specialist for the following reasons: Symptoms that are debilitating, Symptoms located at multiple sites, Symptoms that do not respond to initial therapies, Escalating need for pain medication. In this case the patient had been seen by a pain management specialist and had declined to follow the recommendations. Lack of past success is an indicator that future success is unlikely. There is no documentation that the patient is interested in pain management options. The request should not be authorized.

Unknown monthly follow-ups with psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Behavioral Interventions.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The guidelines also state that psychological intervention includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. There should be an initial trial of 3-4 visits of psychotherapy over 2 weeks to determine if there is functional improvement. With evidence of objective functional improvement, recommended number of visits is a total of up to 6-10 visits over 5-6 weeks. In this case, the requested number of visits is not documented. Lack of documentation does not allow for determination of necessity. The request should not be authorized.

One medical case manager: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. There is no indication for medical case manager as his treating physician fulfills this role. The request should not be authorized.