MAXIMUS Federal Services

Case Number:	CM15-0041284		
Date Assigned:	03/11/2015	Date of Injury:	04/18/2002
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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: Pennsylvania
Certification(s)/Specialty: Internal 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:

This is a 57 year-old female who has reported widespread pain of gradual onset attributed to office work, with a listed injury date of 4/18/02. The diagnoses have included radiculitis, status-post cervical fusion, radiculopathy, anxiety, depression, and fibromyalgia. Treatments have included chronic opioids (since at least 2004), transcutaneous electrical nerve stimulation (TENS), physical therapy, injections, braces, chiropractic, and surgery. The injured worker has not returned to work for many years. On 8/18/14 Independent Medical Review found hydrodocone, oxycodone, and tizanidine to be not medically necessary. Per the agreed medical examination (AME) in 2012, the injured worker was not working, had worsening pain, and had poor function. There was no specific benefit described for opioids or any other treatment. She reported "whole body pain." She was taking Oxycontin, hydrocodone, triazolam, and other medications at that time. The primary treating physician at that time was the same physician who is now treating this injured worker. Reports from the primary treating physician during 2014 show ongoing widespread pain. The reports are stereotyped and contain much of the same information from report to report. Pain is routinely decreased by 30-75% with unspecified medications. Function is reportedly improved with treatment, although references to function are very generic and non-specific. The injured worker has consistently rated her function as "moderately" disabled. She continued to take 150 hydrocodone per month, 90 Oxycontin per month, tizandidine, and Senokot. The injured worker was in moderate distress at each visit. There was spasm, limited and painful range of motion, and tenderness. Generic drug information that was not patient specific was given in support of the ongoing polypharmacy. Work status is

not addressed specifically other than statements that the injured worker is not working. The medications now under Independent Medical Review have been prescribed chronically except as noted below, with no reports providing an individual evaluation of the specific indications and results for this injured worker. Oxycodone is listed as a failed medication. There are no formal results provided for any drug testing. On 1/22/15 naloxone was prescribed to be used in emergencies. Tylenol #4 was prescribed due to pharmacy shortages of hydrocodone. There was no other new and significant information in this report. On 2/10/15 Utilization Review non-certified the medications now under Independent Medical Review, and certified Effexor. Note was made of multiple prior Utilization Review that did not find opioids to be medically necessary and lack of compliance with the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81; 94; 80; 81; 60.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. There are no reports of any drug testing. The prescribing physician does not specifically address functional improvement with respect to prescribing opioids. The reports provide only generic and non-specific references to improvements in pain and function. The injured worker has failed the "return-to-work" criterion for opioids in the MTUS. The injured worker remains "moderately disabled" at each visit. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated, only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Senokot 8.6/50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy [with opioids] (d) Prophylactic treatment of constipation should be initiated Page(s): 77.

Decision rationale: The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Although laxatives are indicated when opioids are prescribed, the opioids are not medically necessary in this case. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary if opioids are not medically necessary.

Naloxone 0.04mg/0.4ml syringe x2 #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, partial agonists-antagonists Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, naloxone.

Decision rationale: The MTUS states that naloxone is an opioid antagonist which is used most often to reverse the effects of agonists and agonist-antagonist-derived opioids. The Official Disability Guidelines citation above addresses this kind of naloxone prescription, and has a long and detailed list of criteria for prescription. None of these criteria were presented in this case so the medical necessity is not present on this basis. Given that that this injured worker does not meet the MTUS criteria for ongoing opioids, there is no medical necessity for a home emergency prescription for naloxone. As such, the request for naloxone is not medically necessary.

Tylenol No.4 300/60mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81; 94; 80; 81; 60.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. There are no reports of any drug testing. The prescribing physician does not specifically address functional improvement with respect to prescribing opioids. The reports provide only generic and non-specific references to improvements in pain and function. The injured worker has failed the "return-to-work" criterion for opioids in the MTUS. The injured worker remains "moderately disabled" at each visit. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not

medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.