MAXIMUS Federal Services

Case Number:	CM15-0086496		
Date Assigned:	05/08/2015	Date of Injury:	06/26/2011
Decision Date:	06/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/05/2015

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

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 50 year-old female, who sustained an industrial injury on 06/26/2011. She has reported injury to the neck, left shoulder, left knee, left thigh, and low back. The diagnoses have included degeneration of cervical intervertebral disc; intervertebral cervical disc disorder with myelopathy, cervical region; acromioclavicular joint arthritis; partial tear of rotator cuff; lumbosacral spondylosis without myelopathy. Treatment to date has included medications, diagnostics, injections, bracing, acupuncture, physical therapy, and surgical intervention. Medications have included Ibuprofen, Naproxen, Percocet, Oxycontin, and Nortriptyline. A progress note from the treating physician, dated 04/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain that radiates down to her left shoulder, all the way down her arm; left knee pain; lower back pain that radiates down to her buttocks; pain is constant and throbbing; pain level is 10/10 without taking medication, and pain level is 7/10 with taking medication; and pain medications help to alleviate her pain and she is able to get up and walk for about fifteen minutes. Objective findings included severe palpable spasms in the bilateral lumbar paraspinous musculature with positive twitch response; straight leg raising test is positive on the right and the left; and severe tenderness to palpation of the left medial patella. The treatment plan has included the request for Oxycontin 30mg #60; and in- patient detox program for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Opioids for chronic pain Page(s): 88-89, 76-78, 80-81.

Decision rationale: Based on the 04/13/15 progress report provided by treating physician, the patient presents with pain to neck that radiates down to left shoulder and arm, low back pain that radiates down to buttocks, and left knee pain. The request is for Oxycontin 30mg #60. Patient's diagnosis per Request for Authorization form dated 04/16/15 includes acromioclavicular joint arthritis, partial tear of rotator cuff; degeneration of cervical intervertebral disc; intervertebral disc disorder w/o myelopathy, cervical; lumbosacral spondylosis without myelopathy, spinal stenosis of lumbar region. The patient wears an LSO brace and has slowed antalgic gait on left. Treatment to date has included diagnostics, injections, bracing, acupuncture, physical therapy, and medications. Patient's medications include Oxycontin, Percocet and Nortriptyline. Work status not available. Treatment reports were provided from 02/10/14 - 04/13/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, pages 80-81, Opioids for chronic pain states Tolerance and addiction: Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. (Ballantyne, 2006) Oxycontin has been included in patient's medications, per treater reports dated 02/10/14, 11/17/14, and 03/10/15. Per 04/13/15 progress report, Oxycontin "helps alleviate [the patient's] pain from 10/10 to 7/10. Treater states the patient 'is able to get up and walk for about 15 minutes... patient with signed narcotic agreement on file. Patient does not exhibit any aberrant drug seeking behavior. Patient with UDS consistent with the prescribed medications... patient is having a difficult time weaning narcotics therefore will request detox for this patient." MTUS page 80-81 states "...pain may be improved with weaning of opioids." In this case, the 4A's have been properly addressed. It would appear the treater is weaning the patient down and would like a few more months to allow for the patient's adjustment. MTUS does support slow weaning process. Therefore, the request is medically necessary.

In-patient detox program for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inpatient pain rehabilitation programs Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Detoxification.

Decision rationale: Based on the 04/13/15 progress report provided by treating physician, the patient presents with pain to neck that radiates down to left shoulder and arm, low back pain that radiates down to buttocks, and left knee pain. The request is for In-Patient Detox Program for 30 days. Patient's diagnosis per Request for Authorization form dated 04/16/15 includes acromioclavicular joint arthritis, partial tear of rotator cuff; degeneration of cervical intervertebral disc; intervertebral disc disorder w/o myelopathy, cervical; lumbosacral spondylosis without myelopathy, spinal stenosis of lumbar region. The patient wears an LSO brace and has slowed antalgic gait on left. Treatment to date has included diagnostics, injections, bracing, acupuncture, physical therapy, and medications. Patient's medications include Oxycontin, Percocet and Nortriptyline. Work status not available. Treatment reports were provided from 02/10/14-04/13/15. MTUS Guidelines, page 42, under the topic "Detoxification", discusses detoxification and states it is recommended as indicated below. Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse, or misuse. May be necessary due to the following: intolerable side effects, lack of response, aberrant behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Gradual weaning is recommended for long-term opiate users because opiates cannot be abruptly discontinued without probable risk of withdrawal symptoms. MTUS Guidelines do not discuss the duration or frequency of the program. However, ODG Guidelines, under the Pain chapter, discusses detoxification and recommends a medium duration of 4 days. Per 04/13/15 progress report, treater states "patient is having a difficult time weaning narcotics therefore will request detox for this patient. There is no detox in this area therefore will request inpatient detox for this patient." In this case, detox program would appear to be appropriate. However, treater does not document that the patient presents with "intolerable side effects, lack of response, aberrant drug behaviors with dependence, refractory comorbid psychiatric illness or lack of functional improvement," as required by the MTUS guidelines. There are no discussions of what this detox program entails. Furthermore, treater's request for a 30-day in-patient detox program exceeds the 4 days recommended by ODG guidelines. Therefore, the request is not medically necessary.