

Case Number:	CM15-0086577		
Date Assigned:	05/08/2015	Date of Injury:	01/25/2007
Decision Date:	07/02/2015	UR Denial Date:	04/17/2015
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 38-year-old, male who sustained a work related injury on 1/25/07. The diagnoses have included cervicalgia, brachial neuritis/radiculitis and lumbago. The treatments have included Ortho Stim unit therapy and medications. In the Pain Management Reevaluation/ Follow Up Visit note dated 3/2/15, the injured worker complains of neck pain with left arm pain, occipital headaches and low back pain with left leg pain. He complains of severe and increasing pain due to not having some of his medications. He rates his pain level an average of 9/10. He rates his functional level since last visit a 7/10. He is working full-time with help of medications. He has crepitus with range of motion of neck. With rotation and extension of neck, he has left arm pain to hand. The treatment plan includes continuation of and prescription refills for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: Based on the 01/05/15 progress report provided by treating physician, the patient presents with neck pain that radiates to left arm, low back pain that radiates to left leg and occipital headache, rated 9/10. The request is for OXYCODONE 30MG #150. Patient's diagnosis on 01/05/15 included chronic severe neck pain with bilateral arm pain, Mx level C spine lesion consistent with patient's symptoms, cervicogenic headache due to C2/3 lesion, myofascial pain/spasm, low back pain due to annular fissure L5, and opioid dependency with tolerance but efficacy, compliant use. Treatments to date included Ortho Stim unit therapy and medications. Patient's medications include Oxycodone, Oxycontin, Methadone, Subsys, Baclofen, Celebrex, Lunesta, and Viagra. The patient is working, per 03/02/15 report. Treatment reports were provided from 04/30/14 - 03/02/15. 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 p77 states, "unction should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Oxycodone has been included in patient's medications, per progress reports dated 10/13/14, 11/20/14, and 03/02/15. Per 03/02/15 report, treater states the patient "is back to work with the help of the current regimen of meds. The meds are helping [the patient] when he has the full regimen of meds. Each and every one of his current meds are doing what it's supposed to do." Per 03/02/15 report, treater went over CURES, and UDS's done on 07/11/11, 10/10/12, and 06/10/14 were confirmed to be consistent. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Oxycontin 80mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: Based on the 01/05/15 progress report provided by treating physician, the patient presents with neck pain that radiates to left arm, low back pain that radiates to left leg and occipital headache. Patient's pain is rated 9/10 and functional level is 7/10. The request is for OXYCONTIN 80MG #90. RFA not provided. Patient's diagnosis on 01/05/15 included chronic severe neck pain with bilateral arm pain, Mx level C spine lesion consistent with patient's symptoms, cervicogenic headache due to C2/3 lesion, myofascial pain/spasm, low back pain due to annular fissure L5, and opioid dependency with tolerance but efficacy, compliant use. Treatments to date included Ortho Stim unit therapy and medications. Patient's

medications include Oxycodone, Oxycontin, Methadone, Subsys, Baclofen, Celebrex, Lunesta, and Viagra. The patient is working, per 03/02/15 report. Treatment reports were provided from 04/30/14 - 03/02/15. 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Oxycontin has been included in patient's medications, per progress reports dated 10/13/14, 11/20/14, and 03/02/15. Per 03/02/15 report, treater states the patient "is back to work with the help of the current regimen of meds. The meds are helping [the patient] when he has the full regimen of meds. Each and every one of his current meds are doing what it's supposed to do." Per 03/02/15 report, treater went over CURES, and UDS's done on 07/11/11, 10/10/12, and 06/10/14 were confirmed to be consistent. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Fortesta 2 Pumps; 1 Can/Month: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Testosterone replacement treatments for hypogonadism (related to opioids).

Decision rationale: Based on the 01/05/15 progress report provided by treating physician, the patient presents with neck pain that radiates to left arm, low back pain that radiates to left leg and occipital headache, rated 9/10. The request is for FORTESTA 2 PUMPS 1CAN/MONTH. Patient's diagnosis on 01/05/15 included opioid dependency with tolerance but efficacy, compliant use; high opioid tolerance; and decreased libido secondary to chronic pain. Treatments to date included Ortho Stim unit therapy and medications. Patient's medications include Oxycodone, Oxycontin, Methadone, Subsys, Baclofen, Celebrex, Lunesta, and Viagra. The patient is working, per 03/02/15 report. Treatment reports were provided from 04/30/14 - 03/02/15. ODG, Pain (Chronic). Chapter under Testosterone replacement treatments for hypogonadism (related to opioids) states: "recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids." Per 05/18/14 report, treater states the patient "first noted problems with erections in 2009," and testosterone level was shown to be low. The patient "has been using Fortesta gel, two pumps each morning for a month from February 28 to March 30, but no testosterone has been used in the month of April..." Per 05/18/14 supplementary report, serum testosterone was drawn on 04/30/14 during the patient's initial visit and "the total testosterone came back 212ng/dL, which is markedly low suggesting hypogonadism." In this case, the patient has a history of long-term

opiate use and the request for Fortesta is indicated given the patient's current diagnosis of hypogonadism and low testosterone level. Therefore, the request IS medically necessary.

Methadone 10mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: Based on the 01/05/15 progress report provided by treating physician, the patient presents with neck pain that radiates to left arm, low back pain that radiates to left leg and occipital headache, rated 9/10. The request is for METHADONE 10MG #120. RFA not provided. Patient's diagnosis on 01/05/15 included chronic severe neck pain with bilateral arm pain, Mx level C spine lesion consistent with patient's symptoms, cervicogenic headache due to C2/3 lesion, myofascial pain/spasm, low back pain due to annular fissure L5, and opioid dependency with tolerance but efficacy, compliant use. 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Methadone has been included in patient's medications, per progress reports dated 10/13/14, 11/20/14, and 03/02/15. Per 03/02/15 report, treater states the patient "is back to work with the help of the current regimen of meds. The meds are helping [the patient] when he has the full regimen of meds. Each and every one of his current meds are doing what it's supposed to do." Per 03/02/15 report, treater went over CURES, and UDS's done on 07/11/11, 10/10/12, and 06/10/14 were confirmed to be consistent. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.