

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0086823 | | |
| Date Assigned: | 06/16/2015 | Date of Injury: | 05/10/2007 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 04/20/2015 |
| 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, Pain Management

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 39 year old male who sustained an industrial crush injury to his right arm on 05/10/2007. The injured worker was diagnosed with chronic pain syndrome, lumbar sprain/strain, myalgia/myositis, neuropathic pain, Reflex Sympathetic Dystrophy Syndrome (RSD) and chronic pain related depression, anxiety and insomnia. There was no documentation of surgical interventions or prior therapies. Treatment to date has included documented pain management. According to the primary treating physician's progress report on March 31, 2015 documentation notes the injured worker's pain at 7/10 with medications and 10/10 without medications and in-home services were reinstated. According to the primary treating physician's progress report on March 5, 2015, the injured worker complains of right forearm and hand pain due reflex sympathetic dystrophy (RSD) rated at 8/10 with medications. Examination noted the right hand to be visibly swollen and contracted with guarding to light palpation over the right forearm into the right hand. The injured worker uses 6 Roxicodone per day as opposed to 8-10 Norco tabs per day. Current treatment plan consists of discontinuing the use of Norco and the current request for Roxicodone 30mg and a 2 week NESP-R (Nutritional/Emotional/Psychological/Social/Financial/Physical/Revised) detoxification program.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 week NESP-R (Nutritional/Emotional/Psychological/Social/Financial/Physical/Revised) program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Detoxification.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification, FRP/Chronic Pain Program Section Page(s): 30-34, 42-43.

Decision rationale: This request is for a program that combines detoxification with a chronic pain program. Regarding the request for a detox program, California MTUS states the following: "Detoxification: 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: (1) Intolerable side effects, (2) Lack of response, (3) Aberrant drug behaviors as related to abuse and dependence, (4) refractory comorbid psychiatric illness, or (5) Lack of functional improvement. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. (Benzon, 2005)" Within the documentation available for review, the provider recommended a detox program. However, it is not clear from the submitted medical records that the patient has failed a trial outpatient slow downward titration of opioid medication. Given that there is no clear indication for a formal detox program rather than continuation with weaning, the currently requested detox program is not medically necessary.

Roxicodone 30 mg Qty 180, for 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in

activities of daily living or a reduction in work restrictions. Furthermore, there appears to be a desire to wean the patient from opioids as evidenced by the referral to detoxification. Instead of writing for a two month supply, the provider should attempt trial weans with frequent outpatient follow-up. This request is not medically necessary. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.