

Case Number:	CM14-0012496		
Date Assigned:	02/21/2014	Date of Injury:	07/30/2007
Decision Date:	08/01/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/30/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 worker is a 67 year old male who was injured on 7/30/07. He was diagnosed with carpal tunnel syndrome, cannabis dependence, adjustment disorder with anxiety, chronic pain due to trauma, cervical spondylosis without myelopathy, cervical spinal stenosis, chronic neck pain, cervical radiculopathy, muscle spasms, sleep disturbances, ulnar nerve injury, and tobacco abuse (history of). He was treated with conservative treatments including opioids, sleep aids, anti-epileptic medications, physical therapy, and antidepressants. He continued to work and his low back and neck pain continued to worsen over the years. Epidural injections and surgical intervention were performed (cervical fusion and foraminotomies 2008 and 2009), but he continued to experience chronic pain. He has used opioids chronically over the years, and just prior to this request he had been experiencing more pain due to a reduction in his opioid (oxycodone) dosing (by half). On 12/9/13 he was seen by his pain specialist complaining of his back pain (upper, neck) with left arm radicular pain and numbness. He reported taking Lyrica, Oxycodone, and Kadian as the primary treatment for his chronic pain. Pain was rated at a 10/10 without these medications and 5/10 with the use of these medications. With these medications, the worker reported being able to fulfill his daily responsibilities, but outside activity was limited. He reported not being able to work without medications, he reports not being able to get dressed in the morning and is only able to perform minimal activities at home. Physical examination was remarkable for tenderness in cervical and upper back region, and left shoulder tenderness. Also the axial compression test was positive. His Tizanidine, Prilosec, Oxycodone, Lyrica, Lunesta, Lactulose, Dulcolax, Celexa, and Amitriptyline were refilled. A drug screen test was then performed. He, at the time of this request, was awaiting approval for his cervically implanted stimulation device.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 100MG #180 WITH 4 REFILLS: Overturned

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, Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. The worker in this case had been benefitting from this medication, and continuation at least up to his stimulation device implant trial is warranted and medically necessary.

OXYCODONE HCL 15MG #180: Overturned

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 Page(s): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The worker in this case seems to be benefitting from the use of this medication functionally and a continuation of this medication seems to be warranted at this time, and after reviewing the available documents, the oxycodone is medically necessary.

ONE BUCCAL DRUG SCREEN: Overturned

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 Page(s): 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. Considering this worker's history, periodic drug screens are warranted in this case and this drug screen is medically necessary.