

Case Number:	CM14-0125275		
Date Assigned:	09/24/2014	Date of Injury:	12/24/1991
Decision Date:	12/17/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 patient is a 75-year-old male who has submitted a claim for lumbago associated with an industrial injury date of December 24, 1991. Medical records from 2014 were reviewed, which showed that the patient complained of chronic neck, hips and low back pain. A progress report dated 7/8/2014 noted the patient's pain level at 10/10. He recently twisted getting up from a chair and felt sudden pain in the right lower back but no leg pain. He also complained of constipation, sleeplessness and recent headaches. Physical examination revealed that the patient could not rise from sitting to standing without a cane for support. There was tenderness over the superior trapezius and levator scapulae on movement. There was also a palpable taut band over the right lower iliolumbar area over the L5 facet. Treatment to date has included spinal cord stimulator, functional multidisciplinary pain program and medications such as Fentanyl, oxycontin, oxycodone, and Roxicet. The recent CURES report was consistent for medications and provider. Therapeutic blood levels showed a steady state for Fentanyl and oxycodone and the urine drug screen was consistent for opiates and oxycodone. The utilization review from July 19, 2014 denied the request for COMM test for opiate misuse and oxycodone HCL 30mg #120. The request for COMM test for opiate was denied because this type of questionnaire can be incorporated as part of patient status information during an office visit such as the visual analog pain scale or Oswestry question form. The request for oxycodone was denied because there was no documented increase in the patient's function or decrease in pain levels after its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMM test for Opiate misuse: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Misuse or monitoring.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Butler S, et al. Development and Validation of the Current Opioid Misuse Measure. Pain. Jul 2007; 130(1-2): 144-156

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, a journal article from Pain entitled, "Development and Validation of the Current Opioid Misuse Measure" was used instead. In this article, the COMM was found to have promise as a brief, self-report measure of current aberrant drug-related behavior. It also added that the development of the COMM may offer clinicians a way to monitor misuse behaviors and to develop treatment strategies designed to minimize continued misuse. Moreover, it states that the COMM may serve as a useful tool for those providers who need to document their patients' continued compliance and appropriate use of opioids for pain. In this case, the patient had been on chronic opioid use since at least opiates since at least April 2014. Although evidence supporting the COMM is not yet robust, available evidence shows that it may benefit this patient. Therefore, the request for COMM test for opiate misuse is medically necessary.

Oxycodone HCL 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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. 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. In this case, the patient had been taking oxycodone for persistent chronic neck, hips and low back pain since at least April 2014. Although a recent urine drug screen and CURES report showed consistent results with the patient's prescription, there is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. The medical necessity

for continued use is not established because the guideline criteria are not met. Therefore, the request for Oxycodone HCL 30mg #120 is not medically necessary.