MAXIMUS Federal Services

Case Number:	CM14-0132392		
Date Assigned:	08/22/2014	Date of Injury:	10/25/2001
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/19/2014

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 Medicine 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 injured worker is a 56 year old female who had a work related injury on 10/25/01. Most recent clinical documentation submitted for review was dated 07/24/14. Her diagnosis was cervical spine disease with disc herniation and degeneration; overuse syndrome of upper extremities, bilateral carpal tunnel syndrome, degenerative disc disease and arthritis of lumbar spine, strain/sprain of lumbosacral spine, degenerative arthritis of knees, situational depression, and cervicogenic headache secondary to number one. The patient was treated with OxyContin, Dilaudid, pain muscle relaxants. She had multiple trigger points in her cervical spine. On 07/24/14 she complained of severe increased lumbar spine and cervical spine pain and left arm shoulder discomfort. She reported increase in pain for a month with no avail. She reported she received her medications last month and wished to continue on her normal medication regimen as it controlled her pain and flares well than methadone alone. In regards to her medication regimen she was relatively stable without the medication she was 9/10 and when she took her medication was as prescribed it lowered her pain to 3/4 3 or 4/10. That made it possible for her to perform activities of daily living. Without her medication it was even difficult to walk or sit for extended periods of time. She reported no side effects and was compliant with her medication regimen she signed opiate contracts and urine drug screen periodically with no instances of non-compliance. Physical examination, the injured worker was 5'1", weighed 230 pounds. In moderate to severe distress with prolonged sitting. She had guarded movements of her cervical spine. Evaluation of cervical spine showed reversal of normal spinal curvature. Decreased range of motion secondary to pain past 30 degrees of flexion, 20 degrees of extension, and any lateral movement whatsoever. She had moderate to severe myofascitis from suboccipital region down to the trapezius. She had decreased motion and grip strength in her bilateral hands with no obvious dermatomal distribution of deficits. Deep tendon reflexes were

present bilaterally. There was motion of lumbar spine in all planes past 30 degrees of flexion and minimal extension. She had positive straight leg raise in the sitting position. Deep tendon reflexes were present but diminished bilaterally. No motor or sensory deficits were listed in the lower extremities. She had antalgic gait. No new motor or sensory deficits. Right base of thumb painful with trigger effect. Prior utilization review dated 08/07/14 was non-certified. There was documentation of VAS scores with and without medication, there were urine drug screens, but there really was not any clinical documentation of functional benefit from OxyContin and Dilaudid. With the current medication her MED was 248.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guideline, Chronic Pain-Opioids/Medication

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. Further, current guidelines indicate opioid dosing should not exceed 100mg morphine equivalent dosage/day; the patient's current MED is 248. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. The request for Oxycontin 20mg #120 is not medically necessary.

Dilaudid 4mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guideline, Chronic Pain-Opioids/Medication

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. Further, current guidelines indicate opioid dosing should not exceed 100mg morphine equivalent dosage/day; the injured worker's current MED is 248. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. The request for Dilaudid 4mg #240 is not medically necessary.