

Case Number:	CM14-0183003		
Date Assigned:	04/24/2015	Date of Injury:	05/26/2010
Decision Date:	06/03/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/04/2014

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. 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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 54 year old male, who sustained an industrial injury on 05/26/2010. He has reported subsequent neck, back and bilateral shoulder pain and was diagnosed with cervical, thoracic and lumbar facet joint arthropathy and left shoulder internal derangement. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 9/23/2014, the injured worker complained of bilateral neck, thoracic, shoulder, low back and right scapular pain. Objective findings were notable for tenderness to palpation of the cervical paraspinal muscles overlying bilateral C2-C3, C3-C4, C6-C7 and C7-T1 facet joints, tenderness to palpation of the thoracic paraspinal muscles overlying right T5-T6 and T6-T7 facet joints, tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L4-L5 and L5-S1 facet joints, restricted range of motion of the bilateral shoulders, thoracic, lumbar and cervical spine. A request for authorization of Oxycontin and Docusate Sodium was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Docusate Sodium 100mg #200 (2 months supply) DOS: 9/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Roberts Pharmaceutical (2004).

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

Decision rationale: Per MTUS CPMTG, when initiating opioid therapy, prophylactic treatment of constipation should be initiated. Per the 9/23/14 evaluation, no adverse effects secondary to OxyContin use were noted and review of systems for GI was negative. The request was not indicated. Additionally, opiate therapy was not medically necessary for the injured worker. The request is not medically necessary.

OxyContin 40mg #60 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of 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 any 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." Review of the available medical records reveals no documentation to support the medical necessity of Oxycontin or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.