MAXIMUS Federal Services

Case Number:	CM14-0210272		
Date Assigned:	12/23/2014	Date of Injury:	05/29/1992
Decision Date:	02/19/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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 Certification(s)/Specialty: Physical Medicine & Rehabn

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 60-year-old male with a date of injury of 05/29/1992. According to progress report dated 11/04/2014, the patient presents with cervical and upper extremity complaints that is described as sharp, dull/aching/electrical/shooting and burning. Current pain is rated as 7/10 on a good day and current pain level on a bad day is rated as 10/10. Duration of pain was rated as constant. Patient's active medications include OxyContin 80 mg, Roxicodone 30 mg, clonazepam 0.5 mg, morphine sulfate 13.5 mg, Prozac 20 mg, Wellbutrin XL 150 mg, Senokot 8.6 mg, Zantac tabs, Senna laxative 8.6 mg, and Zanaflex 4 mg. Examination of the cervical spine revealed diffuse tenderness, worse over right facets and occiput. Range of motion was noted as forward flexion 45 degrees, right lateral flexion 45 degrees, hyperextension 75 degrees, and right and left lateral rotation 55 degrees. Examination of the lumbar spine revealed diffuse tenderness and spasm and pain with range of motion. Strength in the upper and lower extremity is normal. The listed diagnoses are: 1. Failed neck surgery syndrome. 2. Degraded disk disease, cervical. 3. Cervical radiculopathy. 4. Cervical myofascial pain syndrome. 5. Obesity. 6. Depressive disorder, moderate. 7. Occipital neuralgia. 8. Chronic pain. It was noted that medications will be renewed and patient gives verbal understanding of benefits, possible side effects, and agrees to be compliant with the medication usage. A urine toxicology was ordered. Goals for medication management include

decreasing pain, enhancing sleep, improving mobility and self care, increase recreational activities and social activities, increase physical activities and household/employment. It was noted that a pain management agreement is on file, CURES database is reviewed routinely, and opioid risk scanning questionnaire is completed and on file. The patient is permanent and stationary. The utilization review denied the request on 11/24/2014. Treatment reports from 05/06/2014 through 11/04/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg, 168 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lon-Acting Opioids Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDSMedication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for OxyContin 80 mg, 168 count. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing this medication as early as 05/06/2014. According to progress report dated 05/08/2014, the patient has had 3 cervical fusions and "is actively significantly improved as long as he takes his medications, OxyContin and Roxicodone." Without medications, the patient is not able to function and is unable to get out of bed, walk, or participate in his activities of daily living. It was noted that urine drug screen has been consistent. Progress report dated 07/08/2014 notes that the patient gives verbal understanding of benefits, possible side effects, and agrees to be compliant in medication usage. The patient was counseled on potential side effects of medications. It was noted the patient is stable on current medications and without medication; he is unable to walk or get out of bed. Progress report dated 11/04/2014 states that the current medication regimen is provided consistent with the ODG second edition Guidelines and the patient has been evaluated for functional activity impairment/improvement, medication benefits and side effects on a routine basis. A pain management agreement is on file, unannounced urine drug screens are performed routinely, CURES database is reviewed routinely and opiate risk scanning questionnaire is completed and on file. In this case, the treating physician has provided adequate documentation of this medication's efficacy and states that the patient is able to get out of bed, walk, and participate in a home exercise program with medication. Possible adverse side effects were discussed, random urine drug screens have been provided and CURES database is routinely viewed. Given the treating physician has documented the 4 A's as required by MTUS for opiate management, the requested OxyContin 80 mg is medically necessary.

Roxicodone 30 mg, 112 count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Daily Med, National Library of Medicine (NLM), Oxycontin Section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of OpioidsMedication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Roxicodone 30 mg, 112 count. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing this medication as early as 05/06/2014. According to progress report dated 05/08/2014, the patient has had 3 cervical fusions and "is actively significantly improved as long as he takes his medications, OxyContin and Roxicodone." Without medications, the patient is not able to function and is unable to get out of bed, walk, or participate in his activities of daily living. It was noted that urine drug screen has been consistent. Progress report dated 07/08/2014 notes that the patient gives verbal understanding of benefits, possible side effects, and agrees to be compliant in medication usage. The patient was counseled on potential side effects of medications. It was noted the patient is stable on current medications and without medication; he is unable to walk or get out of bed. Progress report dated 11/04/2014 states that the current medication regimen is provided consistent with the ODG second edition Guidelines and the patient has been evaluated for functional activity impairment/improvement, medication benefits and side effects on a routine basis. A pain management agreement is on file, unannounced urine drug screens are performed routinely, CURES database is reviewed routinely and opiate risk scanning questionnaire is completed and on file. In this case, the treating physician has provided adequate documentation of this medication's efficacy and states that the patient is able to get out of bed, walk, and participate in a home exercise program with medication. Possible adverse side effects were discussed, random urine drug screens have been provided and CURES database is routinely viewed. Given the treating physician has documented the 4 A's as required by MTUS for opiate management, the requested Roxicodone is medically necessary.

Keto 10%/Cyclo 2%/Lido 5% compound cream, 120 grams with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for keto 10%/cyclo 2%/lido 5% compound cream 120 g with 2 refills. The MTUS Guidelines regarding topical analgesics states that it is "Largely experimental in use with few

randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation and Lidocaine is has only been supported in a patch form. In addition, non-FDA approved agents like Ketaprofen is not recommended for any topical use. MTUS further states this agent is not currently FDA approved for a topical application. "It has an extremely high incidence of photocontact dermatitis." This request for Keto 10%/Cyclo 2%/Lido 5% compound cream, 120 grams with two refills is not medically necessary.

Retro toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Urine Drug Testing Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate management Page(s): 70-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for retro toxicology screen. The MTUS Guidelines page 70 to 78 under opiate management: (j) "consider the use of urine drug screen to assess for the use or the presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risks of opiate users. ODG Guidelines recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. Review of the medical file indicates the patient underwent a urine toxicology on 07/08/2014 and 10/07/2014. It is unclear which date the treating physician is requesting retrospective urine toxicology screen for. Given the patient has had 2 in 2014, the requested Toxicology Screen is not medically necessary.