

Case Number:	CM14-0210719		
Date Assigned:	12/23/2014	Date of Injury:	11/03/2006
Decision Date:	03/05/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/16/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient's primary diagnoses is lumbosacral neuritis. The patient's date of injury is 11/03/2006. The date of utilization review under appeal is 12/12/2014. On 11/25/2014, the patient was seen in pain medicine reevaluation. At that time the treating physician noted the patient presented with ongoing constant neck pain, as well as constant low back pain. These symptoms presented significant limitations in activities of daily living. The patient was attempting to wean opioid use and complained of difficulty getting medications filled due to nonauthorization. On examination the patient had spasm at L3 through S1 and normal strength in the lower extremities and moderate to severe limited motion in the lumbar spine. The treating physician noted that the patient had developed opioid tolerance and long-term opioid use. The treating physician noted that weaning of opioid medication had been non-successful and that the patient's pain symptoms had worsened due to redemption of function and worsening of activities of daily living due to medication weaning. The attempted medication weaning dates included March through May, 2014 with tolerable side effects including diarrhea, flu-like symptoms, muscle spasms, and severe anxiety and vomiting. Fentanyl patches have previously helped but caused localized rash. The treating physician overall felt the patient had failed more conservative treatment and had requested approval for inpatient detoxification. In the interim the treating physician continued the patient's medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Oxycodone 30mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on detoxification page 42 states that gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probably risk of withdrawal symptoms. The medical records from the treating provider indicate that the patient does not meet the four A's of opioid management and that weaning is planned, but has been challenging to achieve. Thus, the treating provider has recommended to continue the patient's opioid treatment currently pending a request for formal detoxification. This request is consistent with the treatment guidelines. This request is medically necessary.

60 Tablets of Oxycontin 60mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on detoxification page 42 states that gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probably risk of withdrawal symptoms. The medical records from the treating provider indicate that the patient does not meet the four A's of opioid management and that weaning is planned, but has been challenging to achieve. Thus, the treating provider has recommended to continue the patient's opioid treatment currently pending a request for formal detoxification. This request is consistent with the treatment guidelines. This request is medically necessary.

30 Tablets of Diovan 8mg: 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), Treatment Index, 11th Edition (web), 2014

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: FDA Approved Labelling information for Diovan.

Decision rationale: FDA Approved labeling information indicates that this medication is indicated for hypertension. The records do not contain further clarification regarding the rationale for this medication or its effectiveness. Given the limited supporting clinical information at this time this request is not medically necessary.