

Case Number:	CM14-0211534		
Date Assigned:	12/24/2014	Date of Injury:	02/26/1999
Decision Date:	02/19/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/17/2014

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 71-year-old female with a 2/26/99 date of injury. At the time (11/12/14) of request for authorization for MS Contin 15mg quantity 60, Oxycodone 10mg quantity 150, and Horizant 600mg quantity 60, there is documentation of subjective (right upper extremity pain) and objective (tenderness over the trapezius, pain on range of motion, and 3/5 right grip strength) findings, current diagnoses (reflex sympathetic dystrophy of the upper extremity), and treatment to date (medications (including ongoing treatment with MS Contin, Oxycodone, Zanaflex, and Horizant). Medical report identifies that medications allow the patient to perform activities of daily living; and that Horizant decreased the use of other medications. Regarding MS Contin 15mg quantity 60 and Oxycodone 10mg quantity 150, there is no documentation that the prescriptions are from a single practitioner; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific results of MS Contin and Oxycodone use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS contin 15mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 93. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation of chronic pain, in patients who are in need of continuous treatment, as criteria necessary to support the medical necessity of Morphine sulfate. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of reflex sympathetic dystrophy of the upper extremity. In addition, there is documentation of chronic pain necessitating continuous treatment. However, there is no documentation that the prescriptions are from a single practitioner; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. In addition, despite documentation that medications allow the patient to perform activities of daily living, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of MS Contin use to date. Therefore, based on guidelines and a review of the evidence, the request for MS Contin 15mg quantity 60 is not medically necessary.

Oxycodone 10mg quantity 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80; 92. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of

pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of reflex sympathetic dystrophy of the upper extremity. In addition, there is documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation that medications allow the patient to perform activities of daily living, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Oxycodone use to date. Therefore, based on guidelines and a review of the evidence, the request for one prescription of Oxycodone 10mg quantity 150 is not medically necessary.

Horizant 600mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AED) Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (Gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of reflex sympathetic dystrophy of the upper extremity. In addition, there is documentation of neuropathic pain. Furthermore, given documentation that Horizant decreased the use of other medications, there is documentation of functional benefit and improvement as a reduction in the use of medications as a result of Horizant use to date. Therefore, based on guidelines and a review of the evidence, the request for Horizant 600mg quantity 60 is medically necessary.