

Case Number:	CM15-0117659		
Date Assigned:	06/29/2015	Date of Injury:	08/18/2006
Decision Date:	08/25/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/18/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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:

The injured worker is a 67 year old, male who sustained a work related injury on 8/18/06. The diagnoses have included chronic low back pain, status post lumbar laminectomy and fusion, status post left knee surgery, opioid dependence and depression related to chronic pain. Treatments have included medications, massage, use of a four wheel walker, left knee brace and H-wave therapy. In the Medical Progress Report dated 5/27/15, the injured worker complains of chronic neck, shoulder, left knee and low back pain. He has pain that radiates into both legs, left worse than right. He states the back pain has increased. He complains of numbness to left leg. He complains of an increase in frequency where both legs give out and he falls more often. He rates his pain level a 6-7/10. He complains of increased neck pain and numbness in his arms. There has been a surgical recommendation that he undergo cervical spine surgery. He was not cleared by his psychologist for spinal cord stimulator trial. He is taking the OxyContin twice a day for long acting pain relief. He is taking four tablets of the Roxicodone daily for breakthrough pain. He does occasionally take more when his pain is more severe. These pain medications bring his pain level down from 10/10 to 6-7/10. He states the medications help him to function better performing activities of daily living. He complains of constipation and no other side effects. On physical examination, he has moderate to severe tenderness to palpation of lumbar paraspinal muscles. He has severely decreased range of motion in lumbar spine. He has limited range of motion in left knee. He has positive straight legs raises in both legs. The treatment plan includes refills of medications and follow-up visits to surgeon, psychologist and psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 15 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, OxyContin Page(s): 80-82, 92.

Decision rationale: Per CA MTUS guidelines, Oxycodone controlled release (OxyContin) is a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are NOT intended for use as a prn analgesic. It is noted that the injured worker has been on this medication for an indefinite amount of time. There is no documentation of a change in pain levels or any improvements made in functional capacity. The injured worker remains off work. There is no documentation noted about how long it takes the medication to start working or how long any pain relief lasts. Long term use of opioid medications is not recommended. The submitted request does not include dosing or frequency. Additionally, documentation does not include a toxicology screen as recommended by the guidelines. The documentation does not support that opiate prescribing is consistent with the CA MTUS guidelines. Since there is no documentation of improvement in pain levels, a decrease in overall pain or an increase in functional capacity, this request for OxyContin is not medically necessary.

Roxicodone 15 mg Qty 135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82, 92.

Decision rationale: Per CA MTUS guidelines, Roxicodone is Oxycodone tablets. Oxycodone is a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycodone tablets are NOT intended for use as a prn analgesic. It is noted that the injured worker has been on this medication for an indefinite amount of time. There is no documentation of a change in pain levels or any improvements made in functional capacity. The injured worker remains off work. There is no documentation noted about how long it takes the medication to start working or how long any pain relief lasts. Long term use of opioid medications is not recommended. The submitted request does not include dosing or frequency. Additionally, documentation does not include a toxicology screen as recommended by the guidelines. The documentation does not support that opiate prescribing is consistent with the CA MTUS guidelines. Since there is no documentation of improvement in pain level, a decrease in

overall pain or an increase in functional capacity, this request for Roxicodeone is not medically necessary.

Follow up with surgeon, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: Per CA MTUS ACOEM guidelines, follow-up visits - "frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work." The injured worker states in the progress note that he has seen the surgeon. He states the surgeon did not have any recommendations for surgery to his lumbar spine. Surgery for his cervical spine has been recommended but he does not wish this surgery at this time. The provider states he has reviewed a progress note from surgeon dated 4/20/15 which did recommend cervical spine surgery however it was deemed non-industrial. The surgeon's progress note is not included in the medical records. There have been no changes in his work status, no changes in functional capabilities and he does not wish for the cervical spine surgery at this time. Additionally, as the proposed surgical intervention is deemed non-industrial worker's compensation coverage is not warranted. Therefore, the request for a follow-up visit to the surgeon is not medically necessary.

Follow up with psychologist, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: Per CA MTUS ACOEM guidelines, follow-up visits "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level

practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work." He states that his psychologist has not cleared him for a spinal cord stimulator trial. The psychologist's progress report is not included in the medical records. There have been no changes in his work status, no changes in functional capabilities and there are no progress notes. Therefore, the request for a follow-up visit to the psychologist is not medically necessary.

Follow up with psychiatrist, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: Per CA MTUS ACOEM guidelines, follow-up visits "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work." There is no mention of a visit to his psychiatrist, only that he is under his care. There are no progress notes from the psychiatrist included in the medical records. There have been no changes in his work status, no changes in functional capabilities and there are no progress notes. Therefore, the request for a follow-up visit to the psychiatrist is not medically necessary.