MAXIMUS Federal Services

Case Number:	CM15-0122803		
Date Assigned:	07/07/2015	Date of Injury:	11/02/1998
Decision Date:	08/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/25/2015

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: 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 70-year-old male, who sustained an industrial injury on 11/2/98. Initial complaints were not reviewed. The injured worker was diagnosed as having shoulder pain; rotator cuff syndrome; low back pain; lumbar degenerative disc disease; chronic pain syndrome; cervical disc disease with fusion at C3-C6. Treatment to date has included physical therapy; urine drug screening; medications. Diagnostic studies included EMG/NCV bilateral upper extremities (11/4/14). Currently, the PR-2 notes dated 6/17/15 indicated the injured worker complains of low back pain, left leg pain and right shoulder pain. He continues to have numbness in the last two digits of both hands. He rates his pain as 8-9/10 without medications and 2-3/10 with pain medications. The pain is aggravated by sitting and standing, walking, bending and lifting. His pain is alleviated by lying down and the use of pain medications. He continues to see another provider for psychiatric medications. He remains on Adderall, Clonazepam and was just started on Brintellix. EMG/NCV studies of his bilateral upper extremities was done on 11/4/14 and showed mild bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. He has been seen by an orthopedic surgeon and he recommended surgery. There is insurance concerns regarding that provider is out of the system and awaiting confirmation. On physical examination, the provider notes the injured worker is wearing compression hose bilaterally on the lower extremities and also wearing a left AFO. The injured worker complains of swelling in his feet; weight gain; muscle pain; numbness in his fingers; headaches; depression, insomnia and anxiety. His right arm AROM flexion 0-160 degrees and abduction 0-140 degrees. His straight leg raise is negative bilaterally with strength noted 5/5 in both upper and lower extremities with the exception of the left ankle dorsiflexors and plantar flexors due to his ankle fusion. His reflexes are notes as 1+ for both quadriceps and absent bilateral gastrocsoleus reflexes. He ambulates independently without any devices and a left AFO with an antalgic gait. The provider's treatment

plan included Duragesic 75mcg/hr patches #15 and Percocet 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 75mcg/hr patches quantity 15: 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): 78, 93.

Decision rationale: Per MTUS CPMTG with regard to Duragesic: "Not recommended as a first- line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactu[redacted] and marketed by [redacted] (both subsidiaries of [redacted]). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." MTUS p93 notes that Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. 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 insufficient documentation to support the medical necessity of percocet nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Per progress note dated 5/22/15, it was noted that the injured worker rated his pain 8-9/10 without pain medication and 2-3/10 with pain medications. Specifically, the notes do not appropriately review and document 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. The documentation indicates that UDS was performed 2/2/15 and was consistent with prescribed medications, CURES was also consistent. However, as MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.

Percocet 10/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (Oxycodone/Acetaminophen).

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 insufficient documentation to support the medical necessity of percocet nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Per progress note dated 5/22/15, it was noted that the injured worker rated his pain 8-9/10 without pain medication and 2-3/10 with pain medications. Specifically, the notes do not appropriately review and document 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. The documentation indicates that UDS was performed 2/2/15 and was consistent with prescribed medications, CURES was also consistent. However, as MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.