MAXIMUS Federal Services

Case Number:	CM15-0129501		
Date Assigned:	07/16/2015	Date of Injury:	01/13/2003
Decision Date:	08/11/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/06/2015

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 Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old female with an industrial injury dated 01/13/2003. The injured worker's diagnoses include cervical spine musculoligamentous sprain/strain, cervical spine multiple disc protrusions, cervical radiculopathy left sided due to C4-6 disc protrusion, cervical facet joint arthropathy, lumbar spine musculoligamentous sprain/strain, lumbar degenerative disc disease, lumbar disc protrusion, L1-2 degenerative disc disease and radiculopathy, lumbar facet joint arthropathy and depression and anxiety. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/27/2015, the injured worker reported constant discomfort in the neck with radiation to the bilateral upper extremities. The injured worker also reported headaches, dizziness, loss of memory and difficulty concentrating secondary to neck pain. The injured worker also complained of moderate to severe mid back pain and bilateral lower extremities pain. The treating physician noted increased pain with need for cane or walking for her ambulation. The treating physician also noted impaired balance and gait, very limited range of motion and a pain level of 5/10. Treatment plan consisted of medication management as part of the pain management treatment. The treating physician prescribed Oxy IR compound 6mg #120 and Oxycontin 20mg #90 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR compound 6mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework". Based on the medical records, the patient has used high dose opioid analgesics for long time without documentation of pain and functional improvement. There is no evidence of the patient's compliance with her medications. Based on these findings, the prescription of Oxy IR 6mg #120 is not medically necessary.

Oxycontin 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: Oxycontin is a long acting potent form of opiate analgesic. According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework". There is no documentation of any improvement of the patient's condition with the prescription of opioids. Furthermore, there is no justification

for the use of high dose of opioids with the combination of Oxycontin and Oxycodone. There is no clear justification for long-term use of the need to continue the use of Oxycontin. Therefore, the prescription of Oxycontin 20mg QTY: 90 is not medically necessary.