

Case Number:	CM15-0141224		
Date Assigned:	07/31/2015	Date of Injury:	09/02/2011
Decision Date:	10/29/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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

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:

The injured worker is a 49 year old female, who sustained an industrial injury on 9-2-2011. The injured worker was diagnosed as having cervical sprain or strain, thoracic sprain or strain, status post lumbar spine surgery, left shoulder sprain or strain, lumbar radiculopathy, cervical radiculopathy. The request for authorization is for: one urine drug screen; 90 Phenergan 25mg with 3 refills; 120 OxyContin 60mg; 90 Percocet 10-325mg; and 240 Oxycodone 15mg. The records indicate she has been utilizing Percocet, OxyContin 60mg and Oxycodone 15mg since December 2011, possibly longer. The UR dated 7-10-2015: non-certified the requests for: one urine drug screen; 90 Phenergan 25mg with 3 refills; 120 OxyContin 60mg; 90 Percocet 10-325mg; and 240 Oxycodone 15mg. On 5-12-15, she reported persistent neck pain and mid back pain with muscle spasms. Her pain is not rated and there is no documentation regarding her functional status. Her current work status is not documented. On 6-9-15, she was seen for medication refills. Her current medications are listed as: OxyContin 60mg tablets extended release 1-2 tablets every 12 hours, Oxycodone 30mg extended release one tablet every 4-6 hours, Adderall, Prozac, Wellbutrin XL, Sumavel DosePro, Furosemide, Estrogen. She reported neck pain with muscle spasms, and mid back pain with muscle spasms. Her current regimen is noted as giving her "modest relief and allowing improved activity levels most days". Physical examination revealed limited lumbar range of motion, and decreased cervical spine range of motion. On 7-8-15, she reported neck pain. There is no documentation regarding her pain level, adverse side effects, aberrant behaviors or work status. She is noted to attain "modest relief and allowing improved activity levels most days" with her current regimen. The treatment and

diagnostic testing to date has included: medications, lumbar x-rays (4-5-13), lumbar surgery (12-20-2011), CT scan of the lumbar (11-4-11, 12-12-12), magnetic resonance imaging of the lumbar spine (6-27-11), magnetic resonance imaging of the cervical spine (5-13-13), x-rays of right ankle and foot (7-25-12), TENS unit, urine drug screen (11-24-14), CURES (2-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Oxycontin 60mg #120 DOS:4/24/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient was injured on 09/02/11 and presents with low back and neck pain. The retrospective request is for Oxycontin 60 MG #120 DOS: 4/24/12. There is no RFA provided and the patients current work status is not provided. The patient has been taking this medication as early as 01/04/12. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6- month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The patient is diagnosed with lumbar and sacral radiculopathy; lumbar degenerative disc disease; limb pain; left shoulder pain; cervical radiculopathy; thoracic pain, and muscle spasms. The 01/04/12 report states that the patient denies any med side effects pain is reduced by 10-20% with their current regimen. On 01/04/12 and 01/31/12, she rated her pain as a 6/10 on average and a 7/10 as the maximum. On 03/12/15, she rated her pain as a 5-6/10 with a 40-50% reduction in pain. The 04/24/12 and 05/22/14 reports indicate that the patient has a 60-70% reduction in pain with her current regimen. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs, which demonstrate medication efficacy or are there any validated instruments used. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Oxycontin IS NOT medically necessary.

Retro: Percocet 10/325mg #90 DOS:4/24/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient was injured on 09/02/11 and presents with low back and neck pain. The retrospective request is for Percocet 10/325 MG #90 DOS: 4/24/12. There is no RFA provided and the patients current work status is not provided. The patient has been taking this medication as early as 01/04/12. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6- month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The patient is diagnosed with lumbar and sacral radiculopathy; lumbar degenerative disc disease; limb pain; left shoulder pain; cervical radiculopathy; thoracic pain, and muscle spasms. The 01/04/12 report states that the patient denies any med side effects pain is reduced by 10-20% with their current regimen. On 01/04/12 and 01/31/12, she rated her pain as a 6/10 on average and a 7/10 as the maximum. On 03/12/15, she rated her pain as a 5-6/10 with a 40-50% reduction in pain. The 04/24/12 and 05/22/14 reports indicate that the patient has a 60-70% reduction in pain with her current regimen. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs, which demonstrate medication efficacy or are there any validated instruments used. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Percocet IS NOT medically necessary.

Retro: Oxycodone 15mg #240 DOS:4/24/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient was injured on 09/02/11 and presents with low back and neck pain. The retrospective request is for Oxycodone 15 MG #240 DOS: 4/24/12. There is no RFA provided and the patients current work status is not provided. The patient has been taking this medication as early as 01/04/12. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6- month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The patient is diagnosed with lumbar and sacral radiculopathy; lumbar degenerative disc disease; limb pain; left shoulder pain; cervical radiculopathy; thoracic pain, and muscle spasms. The 01/04/12 report states that the patient denies any med side effects pain is reduced by 10-20% with their current regimen. On 01/04/12 and 01/31/12, she rated her pain as a 6/10 on average and a 7/10 as the maximum. On 03/12/15, she rated her pain as a 5-6/10 with a 40-50% reduction in pain. The 04/24/12 and 05/22/14 reports indicate that the patient has a 60-70% reduction in pain with her current regimen. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs, which demonstrate medication efficacy or are there any validated instruments used. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Oxycodone IS NOT medically necessary.

Retro: One urine drug screen DOS:5/22/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing (UDT), 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine Drug Testing.

Decision rationale: The patient was injured on 09/02/11 and presents with low back and neck pain. The retrospective request is for one urine drug screen DOS: 5/22/12. There is no RFA provided and the patients current work status is not provided. The utilization review denial letter indicates that the patient had prior urine drug screens on 01/04/12 and was inconsistent with her results. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain (Chronic), Urine Drug

Testing has the following: Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at high risk of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The patient is diagnosed with lumbar and sacral radiculopathy; lumbar degenerative disc disease; limb pain; left shoulder pain; cervical radiculopathy; thoracic pain, and muscle spasms. As of 05/22/12, the patient is taking Oxycodone, Oxycontin, Percocet, and Baclofen. The treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no indication of any risk for any aberrant behaviors either. Given that the patient had a recent urine drug screen, the requested urine drug screen IS NOT medically necessary.

Retro: Phenergan 25mg #90 with 3 refills DOS:4/3/12: 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), Pain (Chronic): Promethazine (Phenergan), 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Promethazine (Phenergan).

Decision rationale: The patient was injured on 09/02/11 and presents with low back and neck pain. The retrospective request is for one urine drug screen DOS: 5/22/12. There is no RFA provided and the patients current work status is not provided. The patient has been taking this medication as early as 01/31/12. ODG Guidelines, Pain Chapter, under Promethazine (Phenergan), states, Not recommended for nausea and vomiting secondary to chronic opioid use. ODG Guidelines, Pain Chapter, under Anti-emetics (for opioid nausea) states: Promethazine (Phenergan): This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. Anticholinergic effects can occur (dry mouth, dry eyes, urinary retention and ileus). The patient is diagnosed with lumbar and sacral radiculopathy; lumbar degenerative disc disease; limb pain; left shoulder pain; cervical radiculopathy; thoracic pain, and muscle spasms. As of 05/22/12, the patient is taking Oxycodone, Oxycontin, Percocet, and Baclofen. The treater has not documented the efficacy of this medication in terms of pain reduction and functional improvements. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, there are no discussions regarding the patient being pre-operative/post-operative or having sleeping problems. This request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.