MAXIMUS Federal Services

Case Number:	CM15-0149048		
Date Assigned:	09/03/2015	Date of Injury:	07/27/2011
Decision Date:	10/26/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/31/2015

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 29 year old, male who sustained a work related injury on 7-27-11. The diagnoses have included right elbow strain, right ulnar neuritis, right carpal tunnel syndrome, cervical radiculopathy, neurovascular thoracic outlet syndrome with double (triple) crush injury and chronic pain with associated mood disorder. Treatments have included oral medications, physical therapy, massage and acupuncture. In the Narrative Primary Treating Physician Medical Report Follow-Up Visit dated 7-10-15, the injured worker reports overall good result with myofascial injections with over 50% improvement in pain. He has had a substantial flare-up, increased his medication use for this breakthrough pain, and has run out of medication. He needs refills of the opiates to maintain function. There is no evidence of abuse diversion adverse reaction addiction. He rates his pain a 4 out of 10 with opiate use, He is able to get dressed and make it out of the house to engage socially with opiate use. He has improved activities of daily living with use of opiates, Current use of oxycodone-apap 10-325 is 3-4 tablets a day for breakthrough pain. He is using OxyContin 10 mg. every 12 hours for baseline pain. Massage, acupuncture and physical therapy have helped to bring his pain level down to 2-6 out of 10. On physical exam, he has tenderness in right upper back neck. Right neck rotation is at 45 degrees with less pain than prior due to the recent myofascial injections. His right hand grip is diminished compared to left. He has some disuse guarding of the right arm as usual. X-rays of cervical spine completed on 5-13-15 show no fracture, dislocation or severe degenerative changes. He is not working. The treatment plan includes requests for authorization for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-APAP 10/325 #45: Overturned

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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: Based on the 07/08/15 progress report provided by treating physician, the patient presents with right cervical trapezius pain and pain to right upper extremity with weakness, ranging from 1-2/10 to 6/10 when flared up. The patient is status post cervical disc replacement arthroplasty C5-C6 on 11/18/14. The request is for OXYCODONE-APAP 10/325 #45. Patient's diagnosis per Request for Authorization form dated 07/10/15 includes elbow sprain strain, and ulnar neuritis. Diagnosis on 06/10/15 included right carpal tunnel syndrome, cervical radiculopathy, neurovascular thoracic outlet syndrome with double (triple) crush injury, and chronic pain and associated mood disorder. Treatment to date has included surgery, imaging studies, injections, physical therapy, massage, acupuncture and medications. Patient's medications include Escitalopram Oxalate, Fibercon, Metroprolol, Miralax, Seroquel, Alprazolam, Oxycodone, Oxycontin, Trazodol, Lyrica, Clonitidine, and Pristiq. The patient is off-work, per 06/10/45 report. 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." Oxycodone has been included in patient's medications, per progress reports dated 02/06/15, 06/05/15, and 07/10/15. It is not known when this medication was initiated. Treater states in 03/12/15 report the patient "gets analgesia 4/10 with medication and can increase activities of daily living dressing cleaning, shopping. There is no evidence of abuse or diversion o other adverse reactions." Per 07/10/15 report, treater states the patient "gets analgesia 4/10 and is able to get dressed improve activities of daily living and make it out of the house and engage socially with opiates. Without them is not able to maintain that level of function panel urine drug screen was performed. Results were consistent with use and without aberrancy." In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement.

The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Oxycontin 10 MG Tab ER 12 Hour #45: Overturned

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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: Based on the 07/08/15 progress report provided by treating physician, the patient presents with right cervical trapezius pain and pain to right upper extremity with weakness, ranging from 1-2/10 to 6/10 when flared up. The patient is status post cervical disc replacement arthroplasty C5-C6 on 11/18/14. The request is for OXYCONTIN 10 MG TAB ER 12 HOUR #45. Patient's diagnosis per Request for Authorization form dated 07/10/15 includes elbow sprain strain, and ulnar neuritis. Diagnosis on 06/10/15 included right carpal tunnel syndrome, cervical radiculopathy, neurovascular thoracic outlet syndrome with double (triple) crush injury, and chronic pain and associated mood disorder. Treatment to date has included surgery, imaging studies, injections, physical therapy, massage, acupuncture and medications. Patient's medications include Escitalopram Oxalate, Fibercon, Metroprolol, Miralax, Seroquel, Alprazolam, Oxycodone, Oxycontin, Trazodol, Lyrica, Clonitidine, and Pristiq. The patient is off-work, per 06/10/45 report. 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 4 A’s (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." Oxycontin has been included in patient's medications, per progress reports dated 02/06/15, 06/05/15, and 07/10/15. It is not known when this medication was initiated. Treater states in 03/12/15 report the patient "gets analgesia 4/10 with medication and can increase activities of daily living dressing cleaning, shopping. There is no evidence of abuse or diversion o other adverse reactions." Per 07/10/15 report, treater states the patient "gets analgesia 4/10 and is able to get dressed improve activities of daily living and make it out of the house and engage socially with opiates. Without them is not able to maintain that level of function panel urine drug screen was performed. Results were consistent with use and without aberrancy." In this case, the 4 A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Trazodone HCL 50 MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Insomnia.

Decision rationale: Based on the 07/08/15 progress report provided by treating physician, the patient presents with right cervical trapezius pain and pain to right upper extremity with weakness, ranging from 1-2/10 to 6/10 when flared up. The patient is status post cervical disc replacement arthroplasty C5-C6 on 11/18/14. The request is for TRAZODONE HCL 50 MG #30. Patient's diagnosis per Request for Authorization form dated 07/10/15 includes elbow sprain strain, and ulnar neuritis. Diagnosis on 06/10/15 included right carpal tunnel syndrome, cervical radiculopathy, neurovascular thoracic outlet syndrome with double (triple) crush injury, and chronic pain and associated mood disorder. Treatment to date has included surgery, imaging studies, injections, physical therapy, massage, acupuncture and medications. Patient's medications include Escitalopram Oxalate, Fibercon, Metroprolol, Miralax, Seroquel, Alprazolam, Oxycodone, Oxycontin, Trazodol, Lyrica, Clonitidine, and Pristiq. The patient is off-work, per 06/10/45 report.MTUS Guidelines, Antidepressants for chronic pain section, pages 13-15: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." Official Disability Guidelines, Pain Chapter, under Insomnia has the following: Sedating antidepressants (e.g., Amitriptyline, Trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. Trazodone has been included in patient's medications, per progress reports dated 02/06/15, 06/05/15, and 07/10/15. It is not known when this medication was initiated. Treater states in 03/12/15 report the patient "gets analgesia 4/10 with medication and can increase activities of daily living dressing cleaning, shopping. There is no evidence of abuse or diversion o other adverse reactions." In this case, the patient is postoperative, and has a diagnosis of chronic pain and associated mood disorder. Given the guideline support for this medication for complaints of this nature, and the documentation of medication efficacy provided, continuation is substantiated. Therefore, the request IS medically necessary.