

Case Number:	CM15-0149472		
Date Assigned:	08/14/2015	Date of Injury:	04/19/1990
Decision Date:	10/02/2015	UR Denial Date:	07/02/2015
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: Massachusetts

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 57 year old female who sustained an industrial injury on 4-19-90. Her initial complaints and the nature of the injury are unavailable for review. Her diagnoses include severe bilateral complex regional pain syndrome lower extremities - status post replacement of old pump and implantation of new SynchroMed pump on 7-9-08, failed back syndrome- status post multiple back surgeries with postoperative formation of epidural fibrosis, bilateral shoulder pain, right more than left, history of depression, bilateral lower leg infection, left more than right- bilateral lower extremity wound debridement on 11-11-10, rule out infection with hospital acquired resistant possible bacterial infection involving bilateral lower leg. The 4-15-15 Primary Treating Physician's Narrative Re-Evaluation Report indicates that the injured worker's medications include OxyContin, Dilaudid, Topamax, Lamictal, Prozac, Robaxin, Lidoderm patches, Synthroid, Compazine, Albuterol, and Lisinopril. The report also indicates that she has had a "long term Foley catheter". She was offered a suprapubic catheter, but she declined. She is incontinent of bladder and bowel. She requested to keep her indwelling catheter to "prevent moisture which can cause progression of bilateral lower leg infection". The injured worker requires 24 hour care and prefers to stay at home. He has been using Home Health Care Aides. A comprehensive drug panel was collected on 4-15-15 to evaluate compliance with the medication regime. A medical conference, dated 6-24-15, indicates that the provider's staff is required to conduct home visits on an emergency basis due to the fact that the ambulance "not getting paid over a year".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycontin 80mg #360: Overturned

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): 74-97.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines section on Opioids, On-Going Management, p 74-97, (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 injured worker'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 injured worker'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 injured workers 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 for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the injured worker should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or uninjured worker treatment with issues of abuse, addiction, or poor pain control.(f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Additionally, the MTUS states that continued use of opioids requires (a) the injured worker has returned to work, (b) the injured worker has improved functioning and pain. There is current documentation of baseline pain, pain score with use of opioids, functional improvement on current regimen, side effects and review of potentially aberrant drug taking behaviors as outlined in the MTUS and as required for ongoing treatment. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established making this medically necessary.

Lidoderm patches #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch Page(s): 56.

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. According to the documents available for review, the injured worker has the aforementioned MTUS approved indications for the use of this medication including prior trials of first line therapy that have failed. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established making this medically necessary.

1 prescription of Synthroid 100mcg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Clinical Endocrinologist.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is rationale provided to support the use of Synthroid as the IW has a diagnosis of hypothyroidism. Therefore at this time the requirements for treatment have been met, and medical necessity has been established making this medically necessary.

Unknown duration of visits by physician assistant and NP once every 3 months with 1 visit per year from a supervising internist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Health Care services.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the current request without a specific duration specified. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established and therefore is not medically necessary.

Unknown duration of home health care with a nurse's aide 24/7 with an evaluation by a home health RN once a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health services.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the current request without a specific duration specified. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established and therefore is not medically necessary.

Unknown duration of monthly and as needed Foley catheter replacement on as needed basis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence-based geriatric nursing protocols for best practice 4th edition, New York; Springer Publishing Company, 2012 pages 388-408.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the current request without a specific duration specified. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established and therefore is not medically necessary.

1 Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen.

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

Decision rationale: Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Indications for UDT: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new injured worker who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain).

(2) In cases in which the injured worker asks for a specific drug. This is particularly the case if this drug has high abuse potential; the injured worker refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the injured worker has a positive or 'at risk' addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. See Opioids, indicators for addiction & misuse. Ongoing monitoring: (1) If a injured worker has evidence of a 'high risk' of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. See Opioids, tools for risk stratification & monitoring. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. According to the documents available for review, the injured worker meets the aforementioned MTUS criteria for the use of urine drug testing. Therefore at this time the requirements for treatment have been met, and medical necessity has been established and therefore is not medically necessary.