

Case Number:	CM15-0160600		
Date Assigned:	08/31/2015	Date of Injury:	09/02/2011
Decision Date:	11/12/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/17/2015

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 York, California
 Certification(s)/Specialty: Emergency 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 49 year old female, who sustained an industrial injury on September 2, 2011. The injured worker was evaluated on February 26, 2014. She reported persistent pain in her thoracic and lumbar spine with numbness, tingling and weakness in the bilateral lower extremities. She had tried and failed six weeks of "conservative therapies" including home therapy and NSAIDS. She rated her pain an 8-9 on a 10-point scale. Her pain rating on January 29, 2014 was 8 on a 10-point scale. Her medication regimen on February 26, 2014 included OxyContin 60 mg, Zanaflex 4 mg, Percocet 10-325 mg and Oxycodone 15 mg. On physical examination, the injured worker had very limited range of motion of the low back due to pain. She ambulated with a limp due to bilateral knee pain. She had limited knee range of motion due to bilateral knee pain and very limited cervical spine range of motion due to pain. Her upper back had very limited range of motion and was tenderness to palpation in the paraspinal muscles and the thoracic vertebral region. Her diagnoses on February 26, 2014 included lumbar-sacral radiculopathy, lumbar degenerative disc disease, left shoulder pain, cervical radiculopathy, pain in limb and thoracic or lumbosacral neuritis or radiculitis. She was continued on OxyContin, Oxycodone, Percocet and initiated on Ativan. On September 30, 2014, the injured worker reported low back pain and neck pain. She reported that neck extension caused pain to shoot down her left arm. She reported that her medications were effective but did not find that her medication controlled her left side neck and shoulder spasms. Her medication regimen on September 30, 2014 included OxyContin 60 mg and Oxycodone 15 mg. Imaging of the cervical spine in June, 2014 revealed mild to moderate multilevel degenerative disc disease, 4 mm left

disc-osteophyte complex at C6-7 and mild narrowing of the left neural foramen. Diagnoses associated with the September 30, 2014 evaluation included lumbar-sacral radiculopathy, lumbar degenerative disc disease, left shoulder pain, cervical radiculopathy, and thoracic or lumbosacral neuritis or radiculitis. The CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for opiate analgesia is not medically necessary. documentation reflected that the injured worker had used Oxycodone, OxyContin and Percocet since at least November 19, 2013. Treatment to date has included lumbar laminectomy and fusion, Toradol injection, topical pain patches, home therapy program, NSAIDS, and opioid medications. A request for authorization for 120 OxyContin 60 mg between 2-26-2014 and 8-6-2015, 240 Oxycodone 15 mg between 2-26-2014 and 8-6-2015, 150 Percocet 10-325 mg between 2-26-2014 and 8-6-2015, 4 Ativan 1 mg between 2-26-2014 and 8-6-2015, 120 OxyContin between 9-30-2014 and 8/6/2015, 240 Oxycodone 15 mg between 9-30-2014 and 8-6-2015, and 3 cervical epidural steroid injections between 9-30-2014 and 8-6-2015 was received on June 18, 2015. On July 16, 2015, the Utilization Review physician determined 120 OxyContin 60 mg between 2-26-2014 and 8-6-2015, 240 Oxycodone 15 mg between 2-26-2014 and 8-6-2015, 150 Percocet 10-325 mg between 2-26-2014 and 8-6-2015, 4 Ativan 1 mg between 2-26-2014 and 8-6-2015, 1 20 OxyContin between 9-30-2014 and 8/6/2015, 240 Oxycodone 15 mg between 9-30-2014 and 8-6-2015, and 3 cervical epidural steroid injections between 9-30-2014 and 8-6-2015 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: 120 Oxycontin 60mg DOS 2/26/14: 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, specific drug list, Opioids for chronic pain.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. Office visits repeated document "moderate relief" with use of medications. This

is not a quantifiable measurement of improvement. There is not documentation to support improvement link to specific medications. The IW is on several medications intended to mitigate pain. The IW has been on oxycodone, both long and short acting formulates, as well as Percocet and at times dilaudid. There is no documentation of increased activities, functional status or return to work functions. There has been no effort to decrease the use of these medications prescribed over a minimum of 10 month period. In addition, the request does not include dosing frequency or duration. Without the supporting documentation, the retrospective request for Oxycontin 60mg tablets is determined not medically necessary.

Retro: 240 Oxycodone 15mg DOS 2/26/14: 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, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. Office visits repeated document "moderate relief" with use of medications. This is not a quantifiable measurement of improvement. There is not documentation to support improvement link to specific medications. The IW is on several medications intended to mitigate pain. The IW has been on oxycodone, both long and short acting formulates, as well as percocet and at times dilaudid. There is no documentation of increased activities, functional status or return to work functions. There has been no effort to decrease the use of these medications prescribed over a minimum of 10 month period. In addition, the request does not include dosing frequency or duration. Without the supporting documentation, the retrospective request for Oxycodone, 15mg tablets is determined not medically necessary.

Retro: 150 Percocet 10/325mg DOS 2/26/14: 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, Opioids for chronic pain, Opioids, specific drug list, Opioids (Classification).

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief,

functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. Office visits repeated document "moderate relief" with use of medications. This is not a quantifiable measurement of improvement. There is not documentation to support improvement link to specific medications. The IW is on several medications intended to mitigate pain. The IW has been on oxycodone, both long and short acting formulates, as well as Percocet and at times dilaudid. There is no documentation of increased activities, functional status or return to work functions. There has been no effort to decrease the use of these medications prescribed over a minimum of 10 month period. In addition, the request does not include dosing frequency or duration. Without the supporting documentation, the retrospective request for percocet 10/325mg tablets is determined not medically necessary.

Retro: 4 Ativan 1mg DOS 2/26/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Lorazepam.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Ca MTUS guidelines state that benzodiazepines are "not recommended for long term use because long term efficacy is unproven and there is a risk of dependence." Furthermore, guidelines limited treatment duration to 4 weeks. Records support the IW has been taking xanax as needed for a minimum of 4 months. It is not clear how frequently this medication is being utilized or for what symptoms. This medication, however, is repeatedly listed as a medication on the IW medication reconciliation list. The current request is for ativan, a similar type of benzodiazepine. TI is unclear from the records why ativan is being prescribed and why only 4 doses. Without clear indications and concern for duplicate prescribing of benzodiazepines, the request is not medically necessary.

Retro: 120 Oxycontin 60mg DOS 9/30/14: 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, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication

including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. Office visits repeated document "moderate relief" with use of medications. This is not a quantifiable measurement of improvement. There is not documentation to support improvement link to specific medications. The IW is on several medications intended to mitigate pain. The IW has been on oxycodone, both long and short acting formulates, as well as Percocet and at times dilaudid. There is no documentation of increased activities, functional status or return to work functions. There has been no effort to decrease the use of these medications prescribed over a minimum of 10 month period. In addition, the request does not include dosing frequency or duration. Without the supporting documentation, the retrospective request for Oxycontin 60mg tablets is determined not medically necessary.

Retro: 240 Oxycodone 15mg DOS 9/30/14: 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 for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. Office visits repeated document "moderate relief" with use of medications. This is not a quantifiable measurement of improvement. There is not documentation to support improvement link to specific medications. The IW is on several medications intended to mitigate pain. The IW has been on oxycodone, both long and short acting formulates, as well as Percocet and at times dilaudid. There is no documentation of increased activities, functional status or return to work functions. There has been no effort to decrease the use of these medications prescribed over a minimum of 10 month period. In addition, the request does not include dosing frequency or duration. Without the supporting documentation, the retrospective request for Oxycodone, 15mg tablets is determined not medically necessary.

Retro: 3 cervical epidural steroid injections DOS 9/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic): Epidural steroid injection.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: CA MTUS chronic pain guidelines recommends epidural injections when a patient has symptoms, physical examination findings, and radiographic or electrodiagnostic evidence to support a radiculopathy. In this case, the IW previously had an injection with documented improvement of symptoms. The documentation does not support ongoing radicular pain. There are no electrodiagnostic studies included in the chart material. A specific radiculopathy has not been described to date in this injured worker, rather nonspecific statements such "tingling in bilateral legs." CA MTUS chronic pain guidelines recommends epidural injections when a patient has symptoms, physical examination findings, and radiographic or electrodiagnostic evidence to support a radiculopathy. The MTUS for chronic pain states that epidural steroid injection is only for very specific radiculopathies shown by objective means. The documentation is not supported by the guidelines for the indications of an epidural steroid documentation. As such, the request is not medically necessary.