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| Case Number: | CM15-0179493 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 06/16/1997 |
| Decision Date: | 10/29/2015 | UR Denial Date: | 08/29/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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, District of Columbia, Maryland
 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 65 year old male, who sustained an industrial injury on 6-16-1997. The injured worker was diagnosed as having chronic pain syndrome. Treatment to date has included diagnostics, lumbar brace, cognitive behavior therapy, right sacroiliac joint injection 8-04-2015, and medications. Currently (8-04-2015), the injured worker complains of constant right hip pain with radiation down his right leg. His pain was rated 10 out of 10 with and without medication use (rated 8 out of 10 with medication use and 10 without on 6-08-2015 and 5-12-2015, noting MS Contin 100mg three times daily). He stated that prolonged walking and sitting made his pain worse and resting made his pain better. He was currently taking Cymbalta, Gabapentin, and MS Contin "with no relief" and stated that taking these medications "helps alleviate his pain sometimes depending on the day". He reported "no functional improvements" and no new changes. Exam noted severe palpable spasms bilateral lumbar musculature with positive twitch response, positive right hip provocative maneuvers, severe tenderness to palpation right greater trochanter, decreased range of motion right hip due to pain, severe pinpoint tenderness to palpation right sacroiliac joint, and positive Patrick's on the right. He did not exhibit any aberrant drug seeking behavior and signed narcotic agreement was on file. Urine toxicology was performed. Computerized tomography of the right hip was documented to show "mild OA otherwise normal". The signed imaging report noted findings suggestive of avascular necrosis of the right femoral head and minimal osteoarthritis of the right hip. A follow up progress report (2-10-2015) noted review of bone scan with no evidence of avascular necrosis. He was to continue MS Contin 100mg daily. His work status was permanent and stationary. The use of

MS Contin was noted since at least 8-21-2014, at which time dosage was 30mg every 8 hours and pain was rated 7 out of 10 with medication use and 10 of 10 without. The current treatment plan included MS Contin 100mg #30 (one daily), modified to #24 by Utilization Review on 8-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MsContin 100mg #30: 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: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 any 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." Review of the available medical records reveals no documentation to support the medical necessity of MS Contin nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 5/12/15 was positive for Oxycodone. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.