

Case Number:	CM15-0024420		
Date Assigned:	02/13/2015	Date of Injury:	02/08/1992
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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, 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 54 year old male, who sustained an industrial injury on February 8, 1992, when struck in the head several times by a combative suspect. He has reported a concussion and severe head injury. The diagnoses have included traumatic brain injury, cognitive losses due to closed head injury, depression, anxiety, posttraumatic epilepsy, lumbar degenerative disc disease, and status post left orbital fracture. Treatment to date has included surgical repair of fractured nose and jaw, right elbow tendon replacement, rotator cuff repair x2 to the right shoulder, arthroscopic surgery bilateral knees and ankle, lumbar spine facet injections, and medications. Currently, the injured worker complains of head, neck, right shoulder, right elbow, feet, and ankle pain, with low motivation, energy, and mood, vertigo, dizziness, panic attacks, and anxiety. The Treating Physician's report dated November 19, 2014, noted the cervical spine tight and tender with limited range of motion (ROM), and multiple trigger points and tender points throughout the spinal area. The injured worker was noted to not be doing well, with constant moderate pain, and difficulty concentrating and following what was going on in his worker's compensation case. On January 20, 2015, Utilization Review modified the requests for complex chronic care coordination services #12, one per month for one year, Avinza 90mg #40, and Oxycodone 15mg #20. The complex chronic care coordination services #12, one per month for one year, was modified to once a month for three months to ensure ongoing efficacy and continued medical necessity for such services. The Avinza was modified for approval for #30 to allow the provider time to document the derived functional benefit, if any for the continued use of the medication. The Oxycodone was modified for approval for #15 to initiate a weaning

process or to allow the provider time to document the derived functional benefit, if any. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of complex chronic care coordination services #12, one per month for one year, Avinza 90mg #40, and Oxycodone 15mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complex Chronic Care Coordination Services #12, One per Month for One Year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Chapter 7 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127.

Decision rationale: Regarding the request for complex chronic care coordination services, it appears that this request is for the assistance of a nurse case manager to assist in coordination of the patient's care given the complexity of the condition. California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient is noted to have suffered a traumatic brain injury with cognitive losses along with psychological and physical complications resulting from that injury. As such, it appears that assistance with coordination of services by a nurse case manager may be appropriate. However, as with any treatment, there should be regular reassessment of efficacy and continued need. The use of the requested services for a year is not conducive to such reassessment and, unfortunately, there is no provision to allow for modification to an appropriate amount of services as was recommended by the utilization reviewer. In light of the above issues, the currently requested complex chronic care coordination services are not medically necessary.

Avinza 90mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Avinza, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side

effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Avinza is not medically necessary.

Oxycodone 15mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for oxycodone, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone is not medically necessary.