MAXIMUS Federal Services

Case Number:	CM15-0049607		
Date Assigned:	03/23/2015	Date of Injury:	06/06/2011
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/16/2015

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, Washington
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 41-year-old female who reported an injury on 06/06/2011. The mechanism of injury was not clearly provided. The injured worker's diagnoses included cervical radiculopathy, carpal tunnel syndrome, and cervical degenerative disc disease. The injured worker's past treatments included medications. The injured worker's diagnostic testing included x-rays of the cervical spine. The injured worker's surgical history was noted to include a C5-6 total disc arthroplasty/artificial disc replacement and anterior microdiscectomy with C5-6 foraminotomies, performed on 07/23/2013. The injured worker was evaluated on 02/23/2015 and reported significant symptoms of pain. She described localized pain in the areas of her hands bilaterally and acute swelling of her left medial hand on the left side as well. She reported pain in her neck of moderate to severe intensity. She rated her pain on the date of evaluation a 9/10 in intensity. Her PHQ-9 is equal to 21, consistent with moderate to severe depression. On physical examination, she demonstrated some localized swelling in her left hand with localized diffuse multijoint arthralgias in the upper extremities and in her fingers. She was noted with local joint tenderness in her hand itself with some restricted range of motion. She had difficulty closing or clasping her hands. The injured worker's medications included OxyContin 80 mg, Nucynta extended release 200 mg, oxycodone 10 mg, Amrix 15 mg, Valium 10 mg, and Lyrica 300 mg. The request was for oxycodone 10 mg #120, OxyContin 80 mg #60, Nucynta ER 200 mg #60, and Voltaren gel 1% #1 tube. The rationale for the request was not clearly provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #120: Upheld

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): 78-80.

Decision rationale: The request for Oxycodone 10mg #120 is not medically necessary. According to the California MTUS Guidelines, continuation of opioid therapy may be recommended for patients with documented evidence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include a current quantified pain, the least reported pain over the period since the last assessment, the intensity of pain after taking the opioid, and how long pain relief lasts. 4 domains have been proposed as most relevant for ongoing monitoring for the chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The injured worker reported a pain that she rated a 9/10 in intensity. The documentation did not provide sufficient evidence of significant objective functional improvement as the result of the medication use. The documentation indicates the patient had a urine drug screen last performed in 08/2014. The results of the urine drug screen were not included in the documentation. The documentation did not provide sufficient evidence of a current pain contract or CURES report on file. In the absence of documentation with sufficient evidence of a complete and thorough pain assessment, sufficient evidence of significant objective functional improvement as the result of medication use, documented evidence of monitoring for the occurrence of potentially aberrant drug related behaviors, and pain contract and CURES report, the request is not supported. Additionally, as the request was written, there was no frequency provided. As such, the request for Oxycodone 10mg #120 is not medically necessary.

Oxycontin 80mg #60: Upheld

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): 78-80.

Decision rationale: The request for Oxycontin 80mg #60 is not medically necessary. According to the California MTUS Guidelines, continuation of opioid therapy may be recommended for patients with documented evidence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include a current quantified pain, the least reported pain over the period since the last assessment, the intensity of pain after taking the opioid, and how long pain relief lasts. 4 domains have been proposed as most relevant for ongoing monitoring for the chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The injured worker reported a pain that she rated a 9/10 in intensity. The documentation did not provide sufficient evidence of significant

objective functional improvement as the result of the medication use. The documentation indicates the patient had a urine drug screen last performed in 08/2014. The results of the urine drug screen were not included in the documentation. The documentation did not provide sufficient evidence of a current pain contract or CURES report on file. In the absence of documentation with sufficient evidence of a complete and thorough pain assessment, sufficient evidence of significant objective functional improvement as the result of medication use, documented evidence of monitoring for the occurrence of potentially aberrant drug related behaviors, and pain contract and CURES report, the request is not supported. Additionally, as the request was written, there was no frequency provided. As such, the request for Oxycontin 80mg #60 is not medically necessary.

Nucynta ER 200mg #60: Upheld

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): 78-80.

Decision rationale: The request for Nucynta ER 200mg #60 is not medically necessary. According to the California MTUS Guidelines, continuation of opioid therapy may be recommended for patients with documented evidence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include a current quantified pain, the least reported pain over the period since the last assessment, the intensity of pain after taking the opioid, and how long pain relief lasts. 4 domains have been proposed as most relevant for ongoing monitoring for the chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The injured worker reported a pain that she rated a 9/10 in intensity. The documentation did not provide sufficient evidence of significant objective functional improvement as the result of the medication use. The documentation indicates the patient had a urine drug screen last performed in 08/2014. The results of the urine drug screen were not included in the documentation. The documentation did not provide sufficient evidence of a current pain contract or CURES report on file. In the absence of documentation with sufficient evidence of a complete and thorough pain assessment, sufficient evidence of significant objective functional improvement as the result of medication use, documented evidence of monitoring for the occurrence of potentially aberrant drug related behaviors, and pain contract and CURES report, the request is not supported. Additionally, as the request was written, there was no frequency provided. As such, the request for Nucynta ER 200mg #60 is not medically necessary.

Voltaren gel 1% #1 tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request for Voltaren gel 1% #1 tube is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily

recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it would be useful for the specific therapeutic goal required. Topical NSAIDs were noted with inconsistent efficacy. They have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with diminishing effect over another 2 week period. Voltaren gel has not been evaluated for treatment of the spine or shoulder. The documentation did not provide a complete and thorough pain assessment. The documentation did not provide sufficient evidence of significant objective functional deficits on physical examination. The documentation did not provide a clear rationale for the medical necessity of Voltaren gel in addition to the current medication regimen. Given the above, the request is not supported. Additionally, as the request was written, there was no frequency provided. As such, the request is not medically necessary.