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| Case Number: | CM15-0095131 | | |
| Date Assigned: | 05/21/2015 | Date of Injury: | 02/06/2013 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 04/29/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

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: 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 29 year old male, who sustained an industrial injury on 02/06/2013. He has reported injury to the neck, left shoulder, and mid back. The diagnoses have included cervical spine sprain/strain; herniated cervical disc with radiculitis/radiculopathy; left shoulder sprain/strain, rule out tendinitis, impingement; left shoulder parascapular sprain/strain; mid back sprain/strain; chronic left thoracic outlet syndrome; and chronic regional pain syndrome left upper extremity. Treatment to date has included medications, diagnostics, injection, acupuncture, and physical therapy. Medications have included Ibuprofen, Tramadol, Flexeril, Oxycodone, Oxycontin, Fioricet, Gabapentin, Protonix, Ativan, and Lunesta. A progress report from the treating physician, dated 03/16/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of his pain progressively getting worse; he describes his pain as a burning type pain throughout his back; the pain radiates down his left lower extremity and left foot region; pain on the shoulder which is radiating down his left arm region; and he has difficulty sleeping due to the pain. It is noted that acupuncture is slightly helping to relieve the pain and discomfort; physical therapy did not seem to do anything but irritate him; and he had one injection into the shoulder which seemed to help for about a day or two. Objective findings included cervical spine range of motion is decreased; foraminal compression test is positive; Spurling's test is positive; and there is tightness and spasm in the trapezius, sternocleidomastoid, and straps muscle right and left. The treatment plan has included the request for retrospective Oxycontin 40 mg #120; retrospective Ativan 1 mg #60; and retrospective Oxycodone IR 30 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Oxycontin 40 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioid hyperalgesia Page(s): 76-80; 95-96.

Decision rationale: The chronic use of opioids requires the 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 patient'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 patient'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 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 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. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider 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 psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, there is documentation of a worsening in pain despite the ongoing use of opioids. This raises the question of opioid hyperalgesia. Furthermore, the request is for a two month supply of medication. In light of such a high dose of opioid medication, more prompt recheck would be prudent. The requirement of the MTUS guidelines for ongoing use of opioids have not been met. Therefore, the request as written is not medically necessary.

Retrospective Ativan 1 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 66.

Decision rationale: The request is for Ativan, or lorazepam, a benzodiazepine used for treatment of anxiety and insomnia. The MTUS guidelines does not recommended the use of benzodiazepines due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over nonbenzodiazepines for the treatment of muscle spasm. The request as written is not of clear medical benefit, and is not supported by the MTUS. It is therefore not medically necessary.

Retrospective Oxycodone IR 30 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioid hyperalgesia Page(s): 76-80; 95-96.

Decision rationale: The chronic use of opioids requires the 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 patient'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 patient'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 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 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. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider 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 psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time- limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, there is documentation of a worsening in pain despite the ongoing use of opioids. This raises the question of opioid hyperalgesia. Furthermore, the requirement of the MTUS guidelines for ongoing use of opioids have not been met. Therefore, the request as written is not medically necessary.