

Case Number:	CM15-0098848		
Date Assigned:	06/01/2015	Date of Injury:	03/01/1999
Decision Date:	07/09/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/22/2015

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

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 63-year-old female, who sustained an industrial injury on 03/01/1999. She has reported subsequent neck and low back and was diagnosed with failed neck surgery, lumbar spondylosis and hepatitis C status post treatment. Treatment to date has included oral pain medication, spinal cord stimulator and epidural steroid injections. In a progress note dated 03/04/2015, the injured worker complained of neck, shoulder, bilateral upper extremity, low back and bilateral lower extremity pain. Objective findings were notable for very limited range of motion of the neck in left and right axial rotation and tenderness over the spinous processes and facet joints of the lower neck, pain with range of motion of the lumbar spine with tenderness at the lumbosacral junction and diffusely over the paraspinal muscles. A request for authorization of Oxycontin 30 mg #90, Oxycodone IR 30 mg #90, Oxycontin 30 mg #90 dispensed on 04/01/2015 and Oxycodone IR 30 mg #120 dispensed on 04/01/2015 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 03/01/99 and presents with pain in her neck, shoulder, bilateral upper extremity, lower back, and bilateral lower extremity. The request is for Oxycontin 30 mg #90. The RFA is dated 02/17/15 and the patient is permanent and stationary. The patient has been taking this medication as early as 05/05/14 and treatment reports are provided from 05/05/15 to 05/07/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. " MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. " MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 08/06/14 report states that the patient rates her pain as a 6-7/10 for her back, a 7-8/10 for her leg, an 8-9/10 for her neck, and a 6-7/10 for her arm. The 03/04/15 report indicates that the patient rates her pain as a 7-8/10 for her back, an 8-9/10 for her leg, an 8-9/10 for her neck, and a 7-8/10 for her arm. Although the treater provides before and after medication pain scales, not all of the 4 A's are addressed as required by MTUS guidelines. There are no specific examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/ side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient was compliant with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Oxycontin is not medically necessary.

Oxycodone IR 30mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 03/01/99 and presents with pain in her neck, shoulder, bilateral upper extremity, lower back, and bilateral lower extremity. The request is for Oxycodone IR 30 mg #90. The RFA is dated 02/17/15 and the patient is permanent and stationary. The patient has been taking this medication as early as 05/05/14 and treatment reports are provided from 05/05/15 to 05/07/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. " MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. " MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 08/06/14 report states that the patient rates her pain as a 6-7/10 for her back, a 7-8/10 for her leg, an 8-9/10 for her neck, and a 6-7/10 for her arm. The 03/04/15 report indicates that the patient rates her pain as a 7-8/10 for her back, an 8-9/10 for her leg, an 8-9/10 for her neck, and a 7-8/10 for her arm. Although the treater provides before and after medication pain scales, not all of the

4 A's are addressed as required by MTUS guidelines. There are no specific examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient was compliant with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Oxycodone is not medically necessary.

Retrospective request for Oxycodone IR 30mg, #90, dispensed on 04/01/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 03/01/99 and presents with pain in her neck, shoulder, bilateral upper extremity, lower back, and bilateral lower extremity. The retrospective request is for Oxycodone IR 30 mg #90 dispensed on 04/01/15. The RFA is dated 02/17/15 and the patient is permanent and stationary. The patient has been taking this medication as early as 05/05/14 and treatment reports are provided from 05/05/15 to 05/07/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6- month intervals using a numerical scale or validated instrument. " MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 08/06/14 report states that the patient rates her pain as a 6-7/10 for her back, a 7- 8/10 for her leg, an 8-9/10 for her neck, and a 6-7/10 for her arm. The 03/04/15 report indicates that the patient rates her pain as a 7-8/10 for her back, an 8-9/10 for her leg, an 8-9/10 for her neck, and a 7-8/10 for her arm. Although the treater provides before and after medication pain scales, not all of the 4 A's are addressed as required by MTUS guidelines. There are no specific examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient was compliant with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Oxycodone is not medically necessary.

Retrospective request for Oxycodone IR 30mg, #120, dispensed on 04/01/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 03/01/99 and presents with pain in her neck, shoulder, bilateral upper extremity, lower back, and bilateral lower extremity. The retrospective request is for Oxycodone ir 30 mg #120 dispensed on 04/01/15. The RFA is dated 02/17/15 and the patient is permanent and stationary. The patient has been taking this medication as early as 05/05/14 and treatment reports are provided from 05/05/15 to 05/07/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6- month intervals using a numerical scale or validated instrument. " MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. " MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 08/06/14 report states that the patient rates her pain as a 6-7/10 for her back, a 7- 8/10 for her leg, an 8-9/10 for her neck, and a 6-7/10 for her arm. The 03/04/15 report indicates that the patient rates her pain as a 7-8/10 for her back, an 8-9/10 for her leg, an 8-9/10 for her neck, and a 7-8/10 for her arm. Although the treater provides before and after medication pain scales, not all of the 4 A's are addressed as required by MTUS guidelines. There are no specific examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient was compliant with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Oxycodone is not medically necessary.