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| Case Number: | CM13-0007058 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 06/16/1996 |
| Decision Date: | 02/05/2014 | UR Denial Date: | 07/18/2013 |
| Priority: | Standard | Application Received: | 08/05/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 62-year-old male presenting with chronic low back pain following a work-related injury on June 16, 1996. The claimant has a history of L3-S1 posterior fusion with removal of hardware. Medical records also note that he has persistent neuropathic pain to his feet and low back that radiates to his bilateral upper thighs. He also complains of bilateral knee pain and constant neck pain. His pain is relieved with medication and activities. His pain is aggravated with sitting. He reports that his low back has been somewhat swollen and more painful as of recent. The physical exam was significant for flattened lordosis, facet maneuvers positive bilaterally, 0/4 patella reflexes on the left, 1/4 Achilles reflexes on the left and 0/4 Achilles reflexes on the right. The enrollee's medications include OxyContin 80 mg 150 tabs, Vicodin 7.5/750 90 tabs and Soma. The claimant reported that six Soma per day, Vicodin three per day and Oxycontin 80mg twice per day were 75% effective for his pain. The claimant was diagnosed with lumbar post-laminectomy syndrome, bilateral knee osteoarthritis, low back pain, bilateral leg pain, opioid tolerance and osteopenia. The medical records note that the claimant has been on chronic opioid therapy since 1999 without a change in his dose. The claimant has also tried physical therapy, multiple lumbar epidural steroid injections and a TENS unit without relief. CT of the cervical spine was significant for multilevel degenerative disc disease. MRI of the lumbar spine was significant for L4-5 facet arthropathy epidural scar from the anterior aspect of the left S1 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin Tab SR 12hr (80mg tab) #360: 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): 79.

Decision rationale: Oxycontin 80mg #360 for the claimant's chronic pain is not medically necessary per previously cited medical literature and MTUS guidelines on chronic pain medical treatment. Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Oxycontin is not medically necessary based on the fact that the claimant did not show an improvement in function or return to work with previously prescribed opioids.

Vicodin 7.5/750mg #90: 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): 79.

Decision rationale: Vicodin 7.5/750mg is not medically necessary. Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant continued to complain of pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid; therefore Vicodin is not medically necessary.