

Case Number:	CM13-0007585		
Date Assigned:	12/11/2013	Date of Injury:	07/03/2001
Decision Date:	01/27/2014	UR Denial Date:	07/25/2013
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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury of July 2, 2001. Thus far, the applicant has been treated with analgesic medications, lumbar fusion surgery, transfer of care to and from various providers in various specialties, long-acting opioids, testosterone gel, and extensive periods of time off work. A note dated July 16, 2013 states that the applicant reports 7-8/10 low back pain radiating into the bilateral legs. There is increased lumbar tenderness with numbness in the bilateral legs appreciated on exams. Spasm and stiffness are also noted. The applicant's low back pain diminishes to 4/10 with medication use, and on May 14, 2013, a note states that the use of Oxycontin and morphine is allowing him to get out of bed and have some quality of life.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine immediate release, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuations of opioid therapy are evidence of successful return to work, improved function, and reduced pain affected through ongoing opioid usage. In this case, it appears that only one of the three criteria has been met. While a report dated May 14, 2013 suggests that the applicant did report improved performance of activities of daily living as a result of ongoing opioid usage, more recent notes from June 17, 2013 and July 16, 2013 did not detail any issues of improved performance of activities of daily living. The applicant's ongoing usage of multiple long- and short-acting opioids as well as adjuvant medications such as Ambien, Neurontin, Relafen, testosterone, Valium, etc., do not make a compelling case that the opioids have generated any lasting benefit or functional improvement. The applicant's failure to return to any form of work also argues against any ongoing benefit through opioid usage. The request is not certified.

Oxycodone 30mg, #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: It does not appear that the applicant has derived any lasting benefit or functional improvement as a result of the ongoing opioid usage. While there were earlier reports that the applicant will be able to perform increased activities of daily living as a result of opioid usage, the more recent notes suggested that the applicant remains off work, on total temporary disability, is having heightened pain complaints, and is reporting difficulty performing non-work activities of daily living. All of the above suggest that the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have not been met. Therefore, the request is not certified.

Lumbar MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53,303. Decision based on Non-MTUS Citation Official Disability Guidelines for the Low Back: Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in chapter 12, table 12-8, MRIs are the test of choice for individuals with prior back surgery. In this case, the applicant is an individual who has undergone prior spine surgery. He now has heightened radicular complaints, and has evidence of neurologic compromise, including lower extremity numbness, documented on the most recent office visit. An MRI is indicated to further evaluate the case. Therefore, the request is certified.

Blood urea nitrogen (BUN) and creatinine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug.com Page(s): 93,95.

Decision rationale: The applicant is using several opioids, including morphine, Oxycontin, and Oxycodone. As noted on pages 93 and 95 of the MTUS Chronic Pain Medical Treatment Guidelines, reduction in dosage of opioids such as Opana and Darvon is indicated in those individuals with evidence of renal impairment. By implication, those individuals using other opioids should also periodically have their renal function monitored. The MTUS commentary is echoed by the FDA on the website Drugs.com, which notes that therapy with opioids such as Oxycodone should be administered at reduced doses in individuals with impaired renal functions. In this case, renal function testing composed of blood urea nitrogen (BUN) and creatinine is indicated and appropriate; the request is certified.