MAXIMUS Federal Services

Case Number:	CM13-0007840		
Date Assigned:	12/20/2013	Date of Injury:	01/13/2010
Decision Date:	06/03/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/07/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/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 with a reported diagnosis of displacement of lumbar intervertebral disc without myelopathy. Date of injury was noted to be 01/13/10. No mechanism of injury was stated. According to the clinical documentation submitted, the applicant has been treated for low back pain and bilateral lower extremity pain with occasional numbness and weakness. He is status post laminectomy of L3-4 and L5-S1 and interbody fusion of L3-4 and L4-5. In a pain management re-evaluation report dated 07/25/13 by [redacted], it is noted that claimant's height was 6 feet 2 inches, weight 254 pounds, with a BMI of 32.6. He reported his back pain to be at a severity level of 8/10 on the VAS, in the most recent clinical note available dated 11/14/13. Physical examination on that date revealed tenderness of the sciatic notch and the greater trochanter. There was also tenderness of the iliolumbar region, and tenderness over the left T12 to L1 paraspinous region where IPG had been implanted. He was noted to have diminished ankle reflex on the right and normal on the left, and diminished right knee reflex with normal left knee reflex. He was noted to have decreased sensation of the knee and medial leg (L4) and on the lateral leg and dorsum of the foot (L5). Supine straight leg raising test was noted to be positive on the right and seated straight leg raising was noted to be positive on the right as well. The most recent urine drug screen included in the clinical notes is dated 11/14/13 and was positive for Hydrocodone, Hydromorphone, Oxycodone, and Oxymorphone. The claimant's current medications were noted to be Alprazolam, Buproprion, Celebrex, Cyclobenzaprine, Fentanyl patch, Hydrocodone, Lidoderm patch, Lunesta, Lyrica, Orphenadrine Citrate, Oxycodone, and Oxycodone/Acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/ACETAMINOPHEN 10/325MG TABLET #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, HYDROCODONE Page(s): 74-80, 51.

Decision rationale: While there is documentation that claimant has signed a pain management agreement and urine drug screens are performed routinely to monitor compliance, the long term use of opioids is not recommended per evidence based guidelines. The clinical documentation provided indicates the claimant has been taking opioid medications since 2010. Also, MTUS Chronic Pain Medical Treatment Guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents (MED). In this case, the combined dosage of the oxycodone, hydrocodone and Fentanyl that this claimant is taking exceeds the maximum recommended MED. Guidelines also recommend that opioids should be discontinued when there is no overall improvement in function, or when there appears to be a decline in function. According to the clinical notes provided the claimant has had a decline in function and has progressive and incapacitating back pain. There is insufficient documentation provided to substantiate that claimant has had functional improvement and actually appears to have declined in function with increasing pain levels over time since the injury. Therefore, the request for hydrocodone/acetaminophen 10/325 mg #210 is not medically necessary.

OXYCODONE/ACETAMINOPHEN 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, OXYCODONE Page(s): 74-80, 97.

Decision rationale: While there is documentation that claimant has signed a pain management agreement and urine drug screens are performed routinely to monitor compliance, the long term use of opioids is not recommended per evidence based guidelines. The clinical documentation provided indicates the claimant has been taking opioid medications since 2010. Also, MTUS Chronic Pain Medical Treatment Guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents (MED). In this case, the combined dosage of the oxycodone, hydrocodone and Fentanyl that this claimant is taking exceeds the maximum recommended MED. Guidelines also

recommend that opioids should be discontinued when there is no overall improvement in function, or when there appears to be a decline in function. According to the clinical notes provided the claimant has had a decline in function and has progressive and incapacitating back pain. There is insufficient documentation provided to substantiate that claimant has had functional improvement and actually appears to have declined in function with increasing pain levels over time since the injury. Therefore, the request for Oxycodone/Acetaminophen 10/325 mg is not medically necessary.

FENTANYL 50MCG/HOUR # 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FENTANYL TRANSDERMAL (DURAGESIC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, FENTANYL Page(s): 74-80, 47.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents (MED). In this case, the combined dosage of the oxycodone, hydrocodone and Fentanyl that this claimant is taking exceeds the maximum recommended MED. Guidelines also recommend that opioids should be discontinued when there is no overall improvement in function, or when there appears to be a decline in function. According to the clinical notes provided the claimant has had a decline in function and has progressive and incapacitating back pain. There is insufficient documentation provided to substantiate that claimant has had functional improvement and actually appears to have declined in function with increasing pain levels over time since the injury. Therefore, the request for Fentanyl 50 mcg/hour #15 is not medically necessary.