

Case Number:	CM13-0008038		
Date Assigned:	12/11/2013	Date of Injury:	12/14/2008
Decision Date:	03/05/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/06/2013

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 Physical Medicine and Rehabilitation 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 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 patient is a 54-year-old male who reported a work related injury on 12/14/2008, specific mechanism of injury not stated. The patient presents for treatment of failed back surgery. The clinical note dated 08/28/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient has discontinued utilization of Oxymorphone as well as Soma. The provider documents the patient continues to utilize OxyContin 40 mg 3 times a day as well as OxyIR 10 tabs a day. The provider documents exam of the lumbosacral paraspinal region notes bilateral lumbosacral paraspinal tenderness to palpation with restrictions in both flexion and secondary to pain. Rotation and side bending appear to be intact. The provider documents the patient has done well titrating down on some of his medications. The provider documents the patient is a candidate for an intrathecal pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone HCL/Opana ER 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74.

Decision rationale: The current request is not supported. California MTUS indicates, "4 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 current request is not supported as the provider documented the patient no longer utilizes this medication. Therefore, given all of the above, the request for Oxymorphone HCL/Opana ER 15mg 2 times per day is not medically necessary or appropriate.

Carisoprodol/Soma 350mg daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: The current request is not supported. California MTUS indicates Soma is not recommended. This medication is not indicated for long term use. Furthermore, the provider documented the patient is no longer utilizing this medication for his chronic pain complaints. Given all of the above, the request for Carisoprodol/Soma 350mg daily is not medically necessary or appropriate.

Oxycodone/Oxycontin 40mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: The current request is not supported. California MTUS indicates, "4 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 clinical documentation submitted for review failed to evidence quantifiable documentation of a decrease in the patient's rate of pain as a result of utilizing this medication. Therefore, given all of the above, the request for Oxycodone/Oxycontin 40mg 3 times per day is not medically necessary or appropriate.