

Case Number:	CM13-0036976		
Date Assigned:	12/13/2013	Date of Injury:	06/21/2009
Decision Date:	02/13/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/22/2013

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 Internal Medicine and is licensed to practice in District of Columbia. 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 39 year old man injured on 6/21/2009. The mechanism of injury was being thrown off a golf cart with head injury and low back injury. The claimant had a past medical history of anxiety, depression and panic attacks. He had conservative treatment which was not helpful. On 3/25/2010 he underwent right and left L5 and S1 selective nerve blocks, bilateral facet blocks at L4-L5 and L5-S1, epidurogram. In June 2010, he had selective nerve blocks again and facet blocks. His history also included lumbar fusion at L5-S1 that was reportedly done in December 2010. In May 2011, he had nerve conduction studies that showed mild radiculopathy involving S1 nerve root. In April 2012, he had an MRI of lumbar spine that showed fusion of L4-5, foraminal narrowing at that level. Another MRI in September 2012 showed mild bilateral foraminal stenosis L2-3, central canal mild stenosis L3-4 and mild bilateral foraminal stenosis L4-5. Meanwhile, he was being seen by the treating provider on a monthly basis for low back pain and radiculopathy symptoms in right leg. He was continued on Hydrocodone and Oxycontin. His plan of care included tapering off Oxycontin to get functional evaluation. His other medications during the period included Ranitidine, Hydrocodone, Docusate, Glucosamine, Ranitidine, Topical analgesics including Terocin patch, Flurbiprofen/gabapentin/lidocaine and OxyContin 80mg. On August 7, 2013 the claimant complained of increasing low back pain especially on the right lower side with some sciatica. On examination, lumbosacral spine revealed tenderness, spasm and limited range of motion. There was right sided L5 radiculopathy. A trigger point area was noted. A trigger point injection with Kenalog, Marcaine and Lidocaine solution was administered. His medications included Oxycontin 80mg PO BID, Ultram ER 150mg PO BID, Norco for breakthrough pain, Prilosec, Zantac and Lenza gel. His diagnoses included degenerative disc disease and herniated nucleus pulposus of the

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 80mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78, 86.

Decision rationale: The claimant was being treated with high doses of Oxycontin 80mg PO BID and Norco PO PRN. His diagnoses included spondylolisthesis, spinal fusion and radiculopathy. The morphine equivalent dose of just Oxycontin is 240mg which is well over the recommended dose of 120 mg oral morphine equivalents. Guidelines note that high dose opioids may produce multiple complications including hyperalgesia, headache and CNS adverse effects. In addition, MTUS guidelines recommend treating pain with opioids with lowest possible dose, with ongoing review of pain relief, functional status, appropriate medication use and side effects. Review of medical records show that there is no documentation of level of pain, level of pain relief and functional status. Hence the request for high dose of Oxycontin does not meet the medical necessity according to MTUS guidelines.