

Case Number:	CM13-0037626		
Date Assigned:	12/18/2013	Date of Injury:	06/03/2008
Decision Date:	02/28/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

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; Pain Medicine and is licensed to practice in Oklahoma & 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:

This claimant is a 47-year-old male with a reported date of injury of 06/03/2008. The mechanism of injury is described as lifting boxes hurting his low back. He was seen on 11/23/2012 at which time he underwent a transforaminal epidural steroid injection at L5-S1 bilaterally. He returned to clinic on 01/17/2013 at which time he still reported back pain and he was consuming OxyContin, Norco, Xanax, and Cymbalta. A drug screen performed on 09/30/2013 reported on 10/14/2013 revealed his free serum hydromorphone to be low and his free serum hydrocodone to be high. He was seen back in clinic on 10/29/2013 at which time he still reported low back pain. Medications at that time included Norco 10/325 mg 1 to 2 by mouth every 8 hours at 6 a day, and OxyContin 40 mg 2 every morning and 2 every night along with Xanax, Cymbalta, tizanidine and gabapentin. Diagnoses include failed back surgery syndrome, insomnia, hypertension, degeneration of lumbar intervertebral disc. The plan going forward is to prescribe Oxycontin 40 mg, 2 q am, 2 q pm and Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg 2qam and 2qpm #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 78, 92.

Decision rationale: MTUS chronic pain guidelines, in discussing this medication, state "Oxycontin® Tablets are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are NOT intended for use as a prn analgesic. Side Effects: See opioid adverse effects. Analgesic dose: (Immediate release tablets) 5mg every 6 hours as needed. Controlled release: In opioid naive patients the starting dose is 10mg every 12hours. Doses should be tailored for each individual patient, factoring in medical condition, the patient's prior opioid exposure, and other analgesics the patient may be taking. See full prescribing information to calculate conversions from other opioids. Note: See manufacturer's special instructions for prescribing doses of over 80mg and 160mg. Dietary caution: patients taking 160mg tablets should be advised to avoid high fat meals due to an increase in peak plasma concentration." MTUS chronic pain guidelines also state "The 4 A's for Ongoing Monitoring: Four 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 nonadherent) 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." This request is for OxyContin 40 mg 2 qam and 2 qpm. At this time, this exceeds the morphine equivalent recommended by guidelines. Additionally, the records indicate that pain was rated at 8/10 with medications. In utilizing the "4 A's" as recommended by guidelines, analgesia was not essentially controlled with this medication. The last clinical note was dated 10/29/2013 and therefore the current status of this claimant is unknown. Therefore, due to the lack of current statuses of this claimant, the request exceeding the morphine equivalent for this claimant and his pain not being medically controlled with this medication, this request is not considered medically necessary and is non-certified.

Norco 10 mg - 325 mg q8 x 6 days #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 78.

Decision rationale: MTUS chronic pain guidelines state ""The 4 A's for Ongoing Monitoring: Four 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 nonadherent) 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these

controlled drugs." MTUS chronic pain guidelines also state "The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours." This request is for Norco 10/325 mg q8 x6 days. The most recent record indicates this claimant was taking this medication, at 1 to 2 by mouth q8 hours 6 per day. The current status of this claimant is unknown as the last clinical note was dated 10/29/2013. This medication at this dosage does not exceed the morphine equivalent daily dose, the current status of this claimant is unknown and it is also unknown whether he is in pain at this time. Additionally, the records indicate he was rating his pain at 8/10 with this medication and therefore efficacy of the medication had not been established. Therefore, this request is not considered medically necessary and is non-certified.