

Case Number:	CM13-0038684		
Date Assigned:	03/21/2014	Date of Injury:	09/28/1997
Decision Date:	04/23/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/01/2013

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 Emergency Medicine, has and is licensed to practice in New York. 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 patient is a 64-year-old male who was injured on September 28, 1997. The patient continued to experience pain in his neck, lower back, and left shoulder. Physical examination was notable for paravertebral muscle tenderness in the cervical spine and lumbar spine, bilateral positive straight leg raise, positive left lumbar facet loading, normal motor function, and normal reflexes. Diagnoses included lumbar spinal degenerative disc disease, headache/facial pain, and cervical facet syndrome. Treatment included cervical spinal surgery and medications. Requests for authorization for oxycodone 30 mg #249 and Fiorcet # 90 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE HCL 30 MG # 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND GUIDELINES Page(s): 74-96.

Decision rationale: Oxycodone is an opioid medication. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use

include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient had been on the oxycodone since at least March 2013. The medication was prescribed to take between 240 and 360 mg of oxycodone daily for pain. This is the equivalent of 360mg to 540 mg of morphine daily. This dosage surpasses the recommended maximum daily dose of 120 mg morphine equivalents. There is no documentation of a signed opioid contract or current urine drug testing as is recommended for long-term opioid use. In addition analgesia has not been obtained. The medication is not authorized.

FLORICET #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE-CONTAINING ANALGESICS Page(s): 47,23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND GUIDELINES Page(s): 23.

Decision rationale: Fiorcet is a barbituate containing analgesic. It contains butalbital, acetaminophen, and caffeine. Barbituate containing analgesics are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. MTUS does not comment on caffeine. The medication is not recommended and is not authorized.