

Case Number:	CM13-0043731		
Date Assigned:	02/05/2014	Date of Injury:	11/17/2001
Decision Date:	04/01/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/25/2013

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, has a subspecialty in Pain Management and is licensed to practice in Texas and Ohio. 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 44-year-old male who reported an injury on 11/17/2001. The mechanism of injury was not provided for review. The patient ultimately underwent lumbar fusion surgery in 2002 and then repeat fusion in 2008. This was followed by the development of severe chronic pain of the lumbar spine. The patient's chronic pain was managed with multiple medications. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical documentation noted that the patient had radiating low back pain radiated at 3/10. Physical findings included restricted range of motion secondary to pain, a positive bilateral straight leg raise test, decreased motor strength of the bilateral iliopsoas and quadriceps rated at 4/5 with lower extremity paresthesia bilaterally. The patient's medications included OxyContin 80 mg, Neurontin 600 mg, Benadryl twice a day, Senna 50 mg, and Norco 10/325 mg. It was noted the patient's pain medications resulted in 85% pain relief and allowed for the ability to participate in a home exercise program. The patient's diagnoses included chronic pain syndrome, failed back surgery, facet syndrome, neuropathic pain, insomnia, morbid obesity, chronic low back pain, and anxiety and depression due to chronic pain. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg 1 tab PO q 12 h #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dosing Page(s): 86.

Decision rationale: The requested OxyContin 40 mg 1 tablet by mouth every 12 hours #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the continued use of opioids be supported by documentation of functional benefit, managed side effects, and quantitative assessment of pain relief and evidence that the patient is monitored for aberrant behavior. The clinical documentation does indicate the patient has 85% pain relief and is able to participate in a home exercise program as a result of medication usage and the patient's side effects are managed. The patient is also monitored for aberrant behavior with urine drug screens. However, California Medical Treatment Utilization Schedule does not recommend a medication schedule to exceed more than 120 morphine daily equivalence. The patient's medication schedule is well in excess of this recommendation. Therefore, continued use of this medication would not be supported. As such, the requested OxyContin 40 mg 1 tablet by mouth every 12 hours #60 is not medically necessary or appropriate.

Oxycontin 80mg a tab PO q 12 h #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dosing Page(s): 86.

Decision rationale: The requested OxyContin 80 mg 1 tablet by mouth every 12 hours #120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the continued use of opioids be supported by documentation of functional benefit, managed side effects, and quantitative assessment of pain relief and evidence that the patient is monitored for aberrant behavior. The clinical documentation does indicate the patient has 85% pain relief and is able to participate in a home exercise program as a result of medication usage and the patient's side effects are managed. The patient is also monitored for aberrant behavior with urine drug screens. However, California Medical Treatment Utilization Schedule does not recommend a medication schedule to exceed more than 120 morphine daily equivalence. The patient's medication schedule is well in excess of this recommendation. Therefore, continued use of this medication would not be supported. As such, the requested OxyContin 80 mg 1 tablet by mouth every 12 hours #120 is not medically necessary or appropriate.

Trazodone HCL 300mg 1 tab PO bedtime: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Insomnia Treatments.

Decision rationale: The requested Trazodone Hydrochloride 300 mg 1 tablet by mouth at bedtime is not medically necessary or appropriate. Official Disability Guidelines do not recommend long-term use of this medication for insomnia treatments. The clinical documentation submitted for review does indicate the patient has been on this medication for an extended duration of time. Additionally, the clinical documentation fails to note the patient has failed to respond to all first-line insomnia treatments and non-pharmacological management. Therefore, the use of this medication would not be supported. As such, the requested Trazodone Hydrochloride 300 mg 1 tablet by mouth at bedtime is not medically necessary or appropriate.