

Case Number:	CM13-0044605		
Date Assigned:	12/27/2013	Date of Injury:	02/12/2003
Decision Date:	03/18/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

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 Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Florida and Maryland. 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 was injured on 2/12/03 when he slipped and fell while walking down stairway and sustained rig fractures. He had L4-5 and L5-S1 fusion anteriorly with posterior fusion and pedicle screw fixation for spondylolisthesis on 2/17/06, medications, extensive physical therapy, aquatic therapy, spinal cord stimulator B/8/11 which was not effective. On 6/4/13, it was noted that the patient was under the care of a psychiatrist who prescribed Ability, Cymbalta and Ambien CR, and had been treated for gastric ulcer with omeprazole. He takes a long acting opioid Kadian 20mg every 12 hours and Percocet 10/325mg bid for moderate to severe breakthrough pain, which he felt he has built a tolerance to. On 7/1/13, it was noted that the [REDACTED] neurology [REDACTED] on 4/16/13 recommended combined detox and rehab program to consider the patient's hypogonadic hypotestosteronism secondary to opioid abuse. [REDACTED] noted that the patient is a chronic opioid abuser for his chronic pain. [REDACTED] indicated that the patient had not exhibited any signs of abuse of addiction and has been compliant with the pain medication agreement. It was also noted that the patient is reticent to enter such a program and reported satisfactory pain control. The patient passed urine drug screen and attempts to decrease pain medications in the past led to increase of pain levels and decrease in function. On 9/24/13, the patient is status post L4-S1 interbody fusion in 2/17/06. Following this surgery, he was treated with multiple modalities post-operatively (physical therapy, aquatic therapy, medication, activity modification, pain management services). He was seen for follow up of complex pain management evaluation and medication management. He reported no significant change in chronic pain symptoms since re-evaluation. He completed authorized 6 aquatic therapy sessions with improvement. He continued to have low back pain with radiation to his lower extremities, burning in the left leg. This was aggravated with weight bearing activities such as

walking and standing. He continues to report headaches. He reported slight decrease in pain levels and improvement with function, strength and range of motion. Pain rated 5/10 with medication, without 10/10. Overall, he noted approximately 50% improvement in pain and improvement in function with his current medication regimen. He denied any adverse side effects and demonstrated no drug seeking behavior. On exam, he was using a one point cane for ambulation which was slow and labored. There was tenderness in the midline lumbar spine from T11-L4. Mild tenderness in the bilateral paralumbar muscles with mild spasm noted. He used a cane for ambulation and ambulates in a slow and labored manner. Lumbar range of motion (ROM) 5" all around. Positive straight leg raise left at 50". Left lower extremity muscle testing was 4/5 for the left peroneus longus/brevis and left extensor hallucis longus. Sensory: hypesthesia in left L5 and 81 dermatomes; Reflex: 2+ bilaterally for patella; Achilles was trace left and 1 +on right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycod/APAP 10/325 from #60 to #56: Overturned

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 for chronic pain. Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC

Decision rationale: When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPMIAPS, 1997) (Wisconsin, 2004) (Warfield, 2004)". It was reported that this patient had approximately 50% improvement in pain and improvement in function with his current medication regimen, Pt has been seeing a psychiatrist and has been compliant with his medications. His urine tests do not contain medications not prescribed. On 6/4/13, it was noted that the patient takes a long acting opioid Kadian 20mg every 12 hours and Percocet 10/325mg bid for moderate to severe breakthrough pain. ODG States: When to Continue Opioids(a) If the patient has returned to work (b) If the patient has improved functioning and pain. Therefore the request for Oxycod/APAP 10/325 from #60 to#56 is medically necessary.