

Case Number:	CM13-0050415		
Date Assigned:	12/27/2013	Date of Injury:	12/13/2001
Decision Date:	04/30/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in 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 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 injured worker is a 31-year-old female with a reported date of injury of 12/13/01; the mechanism of injury was an industrial accident. The clinical note dated 8/12/13 noted that the injured worker reported back pain was described as cramping, sharp, stabbing, and pressure. The injured worker indicated back extension, back flexion, stretching, lifting, standing, and sitting all worsened the injured workers condition. Back pain was located in the lumbar area/lower back, and the injured worker complained of experiencing back stiffness and numbness in the bilateral legs. Medications listed include 800mg of ibuprofen 3 times a day, 20mg of Inderal twice a day, 10/325mg of Norco every 4 hours, 60 mg of Oxycontin sustained release 4 times a day, 350mg of Soma 4 times a day, and 1mg of Xanax 4 times a day. Upon exam, the injured worker was noted to have difficulty getting on and off the exam table and getting in and out of a chair. The injured worker exhibited little spontaneous motion of lumbar regions and moves in a stiff fashion. The injured worker had tenderness across the lumbosacral area of the spine with a spinal muscle along the paraspinous area of the lumbar spine and maintained strength bilaterally. Lumbosacral exam revealed pain with Valsalva, pain to palpation over the L3-4, L4-5 and L5-S1 facet capsules right, pain with rotational extension indicative of facet capsular tears right and secondary myofascial pain with triggering, ropey fibrotic banding and spasm. The clinical note stated that the injured worker is status post microdiscectomy of the lumbar spine in April 2004 with failed spinal surgery syndrome; facet compromise of her lumbosacral spine per provocative maneuvers, complaints and exam; epidural lumbar spine with marked benefit indicating dorsal column inflammation associated with disc annular disruption syndrome; and significant exacerbation of chronic spinal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 OXYCONTIN 60MG, 1 BY MOUTH FOUR TIMES A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86, 87.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioid dosing recommendations are not to exceed 120mg of morphine equivalence per day; for patients taking more than one opioid, the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose in opioids should not exceed 120mg of morphine equivalence. The MTUS guidelines say that ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects needs to take place to certify opioids. The guidelines note a pain assessment should include current pain, the latest reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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 non-aberrant) drug related behaviors. When the injured worker's daily intake of Hydrocodone and Oxycontin are added together, the total daily morphine equivalent dose comes to 420 daily morphine equivalents, which exceeds the recommended 120 daily morphine equivalents dose that is allowed by guidelines. Therefore, the request is non-certified