

Case Number:	CM13-0051018		
Date Assigned:	12/27/2013	Date of Injury:	04/06/1999
Decision Date:	04/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 & Rehabilitation, and is licensed to practice in California. 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:

This patient is a 41-year-old man with an underlying date of injury of 04/06/1999. The patient's diagnoses include a lumbar postlaminectomy syndrome, anxiety, and depression. As of 09/24/2013, the patient was seen in followup by his treating pain physician with regard to a lumbar post fusion syndrome with ongoing chronic radiculopathy and myofascial pain and sleep/mood disorder. The patient reported continuing low back and left leg pain and previously had had to go to the emergency room for such pain. The patient was noted to use a walker and cane to ambulate on a daily basis. The patient had a scheduled meeting in the future with a vocational expert. The patient's sleep was noted to be poor. The patient was noted to be on a significant but stable medication treatment program which included oxycodone 30 mg six per day, methadone 10 mg twice daily, neurontin 300 mg three per day, and skelaxin 800 mg as needed for muscle spasm/tightness. Methadone had been decreased from six per day down to two per day in recent months. The patient was also using Norco 10/325 every 3 or 4 hours for breakthrough pain. Additionally the patient was taking cymbalta 60 mg twice daily, diazepam 10 mg up to four per day for pain-related mood disorder, Ambien 10 mg at bedtime, and trazodone 50 mg at bedtime. The treating physician noted that the patient's medications decrease his pain and increase his function and allow him to participate in family life and reduce his pain from 9/10 down to 6-7/10. An initial physician review discussed the patient's medical records through 09/24/2013 and noted the patient overall had a total morphine equivalent daily dosage of 430 mg per day. That physician review noted that the patient had poor functional improvement despite high doses of opioid medication and therefore recommended detoxification with the services of an addiction specialist or pain psychologist. Therefore, the physician recommended that the current request for oxycodone be noncertified. A subsequent physician treatment note, apparently not available at the time of the initial physician review, clarifies an ongoing plan to

wean the patient from methadone and transition him to oxycodone and notes that the patient is already taking a lot of medication and thus there was hesitancy to increase or disrupt this transition.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE HCL 30MG, #180, FOR LUMBAR SPINE PAIN, AS OUTPATIENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Goodman and Gillman's the Pharmacological Basics of Therapeutics, the Physician's Desk Reference, www.RxList.com, the ODG Workers Compensation Drug Forumary, Epocrates Online

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

Decision rationale: The MTUS Chronic Pain Guidelines, section on opioids/ongoing management, page 78, recommends that the physician should analyze in detail the four A's of opioid monitoring including analgesic, activities of daily living, adverse side effects, and aberrant drug taking behaviors. This same guideline also discusses methadone on page 61 as a second-line drug for moderate to severe pain if the potential benefit outweighs the risks. A prior physician reviewer indicated that the medical records do not include a review of the four A's of opioid management to support functional benefit. However, subsequent medical records which may not have been available to that reviewer clarified that this patient was being treated with multiple opioid medications and that the plan for continuing oxycodone is part of an initial plan to taper methadone, which the guidelines recommend only as a second-line drug. Thus, the MTUS Guidelines would support a transition from methadone to oxycodone as an initial step in tapering opioid medications. Therefore, this request is medically necessary.