

Case Number:	CM13-0053910		
Date Assigned:	12/30/2013	Date of Injury:	08/31/2000
Decision Date:	04/25/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/08/2013

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 Occupational Medicine 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:

Injured worker is a male with date of injury 8/31/2000. Per primary treating physician's progress report, the injured worker complains of a lot of low back pain described as aching and constant. Pain is rated at 7/10 with medications. He has a history of cervical fusion. Pain is severe and medications allow him to move and do things around the house. On exam he slightly decreased lordosis, tender cervical paraspinal muscles, tight trapezius, and the tender levator. He has tender facet joints, with normal cervical range of motion. He has tender bilateral paralumbar musculature. Diagnoses include 1) Cervical pain 2) Myofascial pain syndrome. Treatment includes OxyContin, Duragesic, Norco, Nexium, and Elavil. The injured worker is permanently disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95.

Decision rationale: The injured worker is being treated chronically with opioid pain medications. The only indication that these medications are effective is subjective reports that the medications allow the injured worker to move and to do things around the house. Over 10 months pain has been rated at 6-7/10, with no appreciable difference in function or difference in physical exam. The guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy, which is not the case in the current management of this injured worker. This independent review is in regard to opioid pain medications not being certified, but it is noted that there was a previous review when other opioid pain medications were also not recommended. Instead of weaning and considering other treatments, the requesting provider chose to change the prescriptions, treating with other opioids. It may be the case that this injured worker requires some opioid pain management. There does not appear to be evidence for that though as the pain appears to be tenderness related to the diagnosis of myofascial pain syndrome. The total opioid treatment includes OxyContin 10 mg three times daily, Duragesic 25 mcg/hr. 2 patches daily, and Norco 10/50 mg 8 per day. This is a morphine equivalent dose of 240 per day, well in excess of the recommended ceiling of 120 per day. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for hydrocodone/APAP 10/500 mg is determined to not be medically necessary.

Fentanyl 25 mcg, # 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95.

Decision rationale: The injured worker is being treated chronically with opioid pain medications. The only indication that these medications are effective is subjective reports that the medications allow the injured worker to move and to do things around the house. Over 10 months pain has been rated at 6-7/10, with no appreciable difference in function or difference in physical exam. The guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy, which is not the case in the current management of this injured worker. This independent review is in regard to opioid pain medications not being certified, but it is noted that there was a previous review when other opioid pain medications were also not recommended. Instead of weaning and considering other treatments, the requesting provider chose to change the prescriptions, treating with other opioids. It may be the case that this injured worker requires some opioid pain management. There does not appear to be evidence for that though as the pain appears to be tenderness related to the diagnosis of myofascial pain syndrome. The total opioid treatment includes OxyContin 10 mg three times daily, Duragesic 25 mcg/hr. 2 patches daily, and Norco 10/50 mg 8 per day. This is a morphine equivalent dose of 240 per day,

well in excess of the recommended ceiling of 120 per day. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for fentanyl 25 mcg #15 is determined to not be medically necessary.