

Case Number:	CM13-0059493		
Date Assigned:	12/30/2013	Date of Injury:	09/22/1997
Decision Date:	04/18/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 & 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 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 48 year old male who was injured on 09/22/1997 while working at a furniture store. The patient underwent epidural steroid injections on 12/30/1997, 01/12/1998, and 01/23/1998 with no improvement. On 03/05/1998 [REDACTED] performed a left sided hemilaminotomy. The patient was treated with a TENS unit. On 11/03/1998 [REDACTED] continued Elavil, Soma, Vicodin, ibuprofen and occasional use of Duragesic for breaks from the pain. On 03/01/1999 he returned to the emergency room and was given Demerol and Phenergan. On 04/12/1999, the patient saw [REDACTED] for pain management. He manipulated his medication, increased the Duragesic, discontinued the Vicodin and Motrin and prescribed Lortab and dextromethorphan. On 04/14/1999 the patient was dissatisfied with his pain management and saw [REDACTED] who prescribed OxyContin 20 mg t.i.d. On 05/11/1999 he had Percocet q.i.d. and had OxyContin increased to 20 mg four times a day. Another emergency room visit on 05/15/1999 was necessary because of back pain where he was given Toradol, Demerol, and Phenergan. On 07/26/1999 [REDACTED] reported that the patient was approaching permanent and stationary status but required the persistent use of OxyContin 60 mg every eight hours and Percocet three times daily. On 02/14/2000 medications included OxyContin 40 mg four times a day, Percocet every four hours and Zanaflex 5 mg and Diovan HTC qd. As of 11/04/2013 current medications included Axiron Topical Solution 30 mg/1.5 ML cream 2 pumps a day, hydromorphone hydrochloride 8 mg tablets 2-2-2-3 po q.d taper by 1 tab, Levoxyl tablets, Lyrica C5 capsules 50 mg 1 p.o. t.i.d., morphine sulfate tablets extended release 200 mg 1 p.o. b.i.d. taper by 1 p.o. 114d, OxyContin CR tablets 80 mg 2 p.o. t.i.d. taper by 1 p.o. q14d, substitution allowed for tizanidine hydrochloride 4 mg tablets 1 p.o. t.i.d., and Tramadol 50 mg oral tablets 1 p.o. t.i.d. Medications trialed were non-steroidal anti-inflammatory drugs, Vicodin, muscle relaxants including Soma and Restoril for insomnia. Adjunctive therapy included Dilantin,

Tegretol and Neurontin. Modalities included physical therapy, range of motion exercises, herbs, probiotics and magnet therapy. A clinic note dated 11/04/2013 documented the patient to have complaints of antalgic gait and right leg weakness. He continues on the weaning process. The pain was intermittent at first and then progressed over time. Over the prior month his pain averaged 5 and at worst 8. There have been no homebound days, no rebound days, and no chair bound days over the month. He has had no emergency room visits over the last month. There have been no hospitalizations for pain control. Objective findings on exam included potential aberrant drug related behavior and worsened physical functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Oxycontin Cr 80mg #192: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: As per the MTUS Chronic Pain Guidelines, Oxycontin is a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Further guidelines indicate that 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 nonadherent) drug-related behaviors. This patient appears to have chronic back pain and has been taking this medication for several years now. There is no evidence of functional improvement or reduction in pain level with the use of this medication instead it was noted that the dosage has been increased from 20 mg to 80 mg. Additionally, Guidelines do not recommend that dosing exceed 120 mg oral morphine equivalents per day and this patient is also taking other opioids and the cumulative dose exceeds the MTUS Chronic Pain Guidelines' recommendation. Also, a clinic note dated 11/04/2013 documents potentially aberrant behavior. Thus, the request is not medically necessary and appropriate.

Hydromorphone Hydrochloride 8mg #282: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dilaudid Page(s): 76-82, 93.

Decision rationale: As per the MTUS Chronic Pain Guidelines, hydromorphone hydrochloride (Dilaudid) has several side effects including respiratory depression, apnea, and cardiac arrest. MTUS Chronic Pain Guidelines do not recommend that dosing exceed 120 mg oral morphine

equivalents per day and this patient is also taking other opioids and the cumulative dose exceeds the guidelines recommendation. Thus, the request for continuation of this medication is not medically necessary and appropriate.

One prescription for Axiron topical solution 30mg/1.5ml #110: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 110-111.

Decision rationale: As per the MTUS Chronic Pain Guidelines, Axiron topical solution is recommended for testosterone replacement for hypogonadism related to opioids. The medical records provided for review do not indicate objectively that this employee has a low testosterone level. There were no current lab results provided for review to determine medical necessity of this medication and hence the request is not medically necessary and appropriate.

One prescription for Tramadol 50mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: As per the MTUS Chronic Pain Guidelines, Tramadol is a synthetic opioid affecting the central nervous system. Guidelines do not recommend that dosing exceed 120 mg oral morphine equivalents per day and this patient is also taking other opioids and the cumulative dose exceeds the guidelines recommendation. Thus, the request for Tramadol 50 mg is not medically necessary and appropriate