

Case Number:	CM13-0062747		
Date Assigned:	01/08/2014	Date of Injury:	10/25/2002
Decision Date:	04/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/09/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 57 year old male who was injured on 10/25/2002 when he twisted his back. The diagnoses listed are low back pain, anxiety and depression. [REDACTED] performed lumbar spine fusion surgery on 7/15/2013. Several interventional pain procedures such as lumbar facet injections, epidural steroid injections and rhizotomy were performed but none of the procedures provided any lasting pain relief. The patient is able to walk about one block. [REDACTED] noted on 12/2/2013 that the patient self-medicated with whisky and marijuana when he ran out of pain medications. The 11/29/2012 medical note by [REDACTED] psychologist reported that the patient admitted to obtaining better pain relief from the use of marijuana than from opioids. No UDS is available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of OxyContin ER 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OxyContin (oxycodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioid in the management of chronic musculoskeletal pain. The patient is using 270mg daily morphine equivalent dose in excess of the recommended 120mg. The patient is exhibiting aberrant behaviors by self-medication with alcohol and marijuana while on high dose opioid therapy. There is no report of functional restoration or compliance monitoring with UDS. The co-existing depression, anxiety, alcoholism and substance abuse is not being managed. There is a risk of potential severe adverse opioid related effects if the high dose opioid is continued.

Percocet 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone and acetaminophen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioids in the management of chronic pain syndrome. The daily dose of 270mg morphine equivalent is above the recommended dose of less than 120mg. The patient admitted to [REDACTED] on 11/29/2012 that pain relief obtained from his marijuana use was better than that from opioids. [REDACTED] noted on 12/2/2013 that the patient was self-medication with alcohol and marijuana against medical advice. There is no record of compliance monitoring report such as UDS for this patient despite significant aberrant behaviors reported. There is increased risk of adverse effects with use of opioid in such high doses in this patient. Weaning of opioids is warranted.

Tizanidine 4mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 63-66.

Decision rationale: The CA MTUS addressed the use of muscle relaxants and antispasmodics in the treatment of chronic pain. The guideline recommended that non-sedating muscle relaxants be used with caution only as a second-line option for short-term treatment of acute exacerbations of muscle spasms associated with chronic low back pain. There is no subjective or objective report of chronic muscle spasms or spasticity in this patient. There is no report of failed conservative treatment with NSAIDs, physical therapy and exercise. The patient admitted to [REDACTED] and [REDACTED] that he self-medicates with alcohol and marijuana while off prescription medications. There is increased risk of over sedation and drug interaction with the use of Tizanidine.