

Case Number:	CM13-0063026		
Date Assigned:	06/09/2014	Date of Injury:	11/03/2003
Decision Date:	08/06/2014	UR Denial Date:	12/02/2013
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 Physical Medicine and Rehabilitation and Pain Medicine, has a subspecialty in Pain 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:

This is a 52-year-old female patient with a remote date of injury on 11/03/2003. Mechanism of injury was reported as repetitive strain injury, with an additional injury occurring in 2007 when she was participating in physical therapy and fell off a massage chair, landing on her tailbone. A request for one prescription of Oxycodone 30 mg #120 was modified to Oxycodone 30 mg #46 with the remaining 74 tablets non-certified at utilization review on 12/02/13, with the reviewing physician noting the patient has used this medication on a long-term basis and the available records did not indicate significant objective functional improvement with use. It was noted the provider had been recommended to wean oxycodone due to lack of efficacy and on the previous review oxycodone was modified to #61 tablets for continued weaning. Previous treatment has included multiple surgeries to the upper extremities and lumbar region, physical therapy, medications, and extensive diagnostic workup. MRI of the lumbar spine dated 01/02/13 revealed status post laminotomy at L5-S1 with mild anterolisthesis of L5 on S1 slightly progressed and interval loss of height of the L5-S1 intervertebral disc. Right-sided disc herniation previously demonstrated was no longer seen. A small protrusion on the left for laterally with secondary mild to moderate left neural foraminal narrowing was unchanged. Small central herniation of L4-5 intervertebral disc extending slightly caudal to the intervertebral disc space level unchanged and mild L4-5 central canal stenosis. Mild degenerative changes of the thoracolumbar intervertebral discs. On progress note dated 06/06/13 and was noted the patient was taking oxycodone 30 mg tablets 4-5 per day in addition to Flexeril, Colace, MiraLAX, Senokot for associated constipation, Pamelor, Neurontin, Cymbalta, and Abilify. Despite medications, the patient's pain was rated at 8/10 and it was noted she had not returned to work and was on Social Security disability. She was informed by the treating provider that she needs to wean down on

her oxycodone use. On 09/19/13, she continued to report subjective complaints of pain in the low back and right leg with muscle cramps. Pain continued to be rated at 8/10. She reported at least 50% of functional improvement with medications versus not taking them all; however, it was noted she was currently not working and examples of functional benefit were not described. It was noted she was using oxycodone immediate release 30 mg tablets 4-5 per day, Neurontin 1200 mg at night for burning pain in her leg along with 25 mg of Pamelor at night, Cymbalta 60 mg at night as well as Abilify 10 mg nightly. She was taking clonazepam 0.5 mg twice daily for anxiety and panic attacks as well as Xanax for panic episodes and treating with psychology. She takes Flexeril 10 mg 1 per day as needed for back spasm. Physical examination findings identified lumbar flexion to 30 and extension to 10. Bilateral straight leg raise was to 80 causing some right-sided back pain, nonradiating. Strength, sensation, and deep tendon reflexes were grossly intact in the lower extremities. Bilateral shoulder exam revealed full range of motion in all planes and mildly positive impingement sign over the subacromions. Medications were refilled. It was noted she has a narcotic contract and urine drug screens were appropriate. On 11/18/13 and was reported the patient had weaned down to Oxycodone 30 mg 4 per day. Pain continued to be rated at 8/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OXYCODONE 30MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, it is noted the patient has an injury from 2003 and has been on high-dose opioids since at least 2007. Most recent progress notes identify the patient continues to report a high pain level of 8/10 on every visit, indicating a lack of efficacy with the use of opioids. Although each note has a generic statement indicating the patient reports 50% functional improvement with use, there is no description of any specific improved function, and the patient has not returned to work. The treating provider identified in early 2013 that the patient needed to wean down her dose of oxycodone, but this has not occurred. Her current dose of Oxycodone 30 mg is equivalent to 180mg morphine equivalents daily, which exceeds guideline recommendations of an upper ceiling of 120mg morphine equivalents. Additionally, the current request for Oxycodone 30 mg #120 does not specify dosing frequency. Therefore, given the lack of documented analgesic benefit or functional benefit as a result of the use of opioids, Oxycodone 30 mg #120 is not medically necessary and appropriate.