

Case Number:	CM13-0072293		
Date Assigned:	01/22/2014	Date of Injury:	05/08/1995
Decision Date:	04/24/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/30/2013

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, has a subspecialty in Interventional Spine 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:

The patient is a 39 year-old female with a 5/8/1995 industrial injury claim. She has been diagnosed with lumbar failed back surgery syndrome, and opioid dependence. She has been taking 750 MED with OxyContin and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 80MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The patient has low back pain, postlaminectomy syndrome and opioid dependence. She is reported to have an intrathecal pump, but still takes OxyContin 60mg 5/day; Roxycodone 30mg 4-8/day, and Soma 4/day. UR notes the patient was at 750 MED daily and recommended weaning. The patient does exceed the MTUS recommended 120 MED/day, but she is under supervision of a pain management physician. The problem appears to be that the patient is a high Morphine Equivalent Dose (MED) and that there is no reporting of efficacy of

any of the medications. MTUS on page 9 states that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, and states that when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of OxyContin. MTUS does not recommend continuing treatment if there is not a satisfactory response.

SOMA 350MG #120: Upheld

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

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

Decision rationale: The patient has low back pain, postlaminectomy syndrome and opioid dependence. The records show the patient has been taking Soma since at least January 2013. MTUS guidelines specifically state Soma is not recommended for use over 3-weeks. The request for Soma over a year is not in accordance with MTUS guidelines.

ROXICODONE 30MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: The patient has low back pain, postlaminectomy syndrome and opioid dependence. She is reported to have an intrathecal pump, but still takes OxyContin 60mg 5/day; Roxicodone 30mg 4-8/day, and Soma 4/day. UR notes the patient was at 750 MED daily and recommended weaning. The patient does exceed the MTUS recommended 120 MED/day, but she is under supervision of a pain management physician. The problem appears to be that the patient is a high Morphine Equivalent Dose (MED) and that there is no reporting of efficacy of any of the medications. MTUS on page 9 states that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, and states that when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Roxicodone. MTUS does not recommend continuing treatment if there is not a satisfactory response.

