

Case Number:	CM14-0131556		
Date Assigned:	08/20/2014	Date of Injury:	02/25/2002
Decision Date:	10/24/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 injured worker is a 59-year-old male who reported an injury 02/25/2002. The mechanism of injury was not provided within the medical records. The clinical note dated 07/11/2014 indicates a diagnoses of multilevel lumbago with bilateral radiculopathy, status post spinal cord stimulator implantation, sacroiliac joint and facet joint arthropathy, myofascial syndrome, sleep disturbance and reactive depression and anxiety, left knee arthropathy, status post surgery with anterior ligament repair, right shoulder arthropathy, and recent fall and right knee injury trauma. The injured worker reported pain of 6/10 that continued, a number of physical issues which the injured worker reported included lumbar spine with radicular pain, as well as pain in the left and right knees. The injured worker reported he continued to use the oxymorphone ER for control of baseline pain and the Oxycodone and Fentora for general pain and breakthrough pain control. The injured worker reported that these allow him to remain functional. The injured worker was able to perform activities within the home such as cooking, cleaning, as well as taking care of his personal hygiene. The injured worker reported he was able to continue maintenance chores around his yard and home. The injured worker reported he had been experiencing some pain in the stomach, as well as stomach upset. The injured worker had been using Celebrex. The provider noted this was an NSAID and had the potential to cause issues with the stomach. Therefore, the injured worker was advised that he would stop this medication. On physical examination, there was sciatic notch tenderness bilaterally with focal tenderness over the facets, worse on the right side with a positive provocation. The injured worker had a general decrease in range of motion of the lumbar spine. The injured worker had paraspinal muscle spasms in the lumbar area with muscle spasms in the posterior aspects of the legs. The injured worker had motor weakness, sensory deficits to light touch, and thermal and vibratory sensation in the left lower extremity. The injured worker's left knee had a brace on it due to the previous knee

surgery. The injured worker was very tender over the right knee and continued to have edema and pain on that side. The injured worker ambulated with an abnormal gait due to the knee issues and the back problems. The injured worker's treatment plan included followup in 1 month. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included oxymorphone, Oxycodone, Celebrex, and Flector Patch. The provider submitted a request for Oxycodone and oxymorphone. A Request for Authorization dated 07/31/2014 was submitted for the above medications; however a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone HCI ER 40MG #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, Page(s): 78.

Decision rationale: The request for Oxymorphone HCI ER 40MG #50 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, the Official Disability Guidelines state that dosing not exceed 120 mg of oral morphine equivalent per day. The injured worker's dosing has exceeded the Official Disability Guidelines. Moreover, the request does not indicate a frequency. Therefore, the request is not medically necessary.

Oxycodone 30MG #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Oxycodone 30MG #270 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, the Official Disability Guidelines state that dosing not exceed 120 mg of oral morphine equivalent per day.

The injured worker's dosing has exceeded the Official Disability Guidelines. Moreover, the request does not indicate a frequency. Therefore, the request is not medically necessary.

Urine toxicology screen DOS:7/11/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43 & 78.

Decision rationale: The request for Urine toxicology screen DOS: 7/11/14 is medically necessary. The injured worker is diagnosed with multilevel lumbago with bilateral radiculopathy, status post spinal cord stimulator implantation, sacroiliac joint and facet joint arthropathy, myofascial syndrome, sleep disturbance and reactive depression and anxiety, left knee arthropathy, status post surgery with anterior ligament repair, right shoulder arthropathy, and recent fall and right knee injury trauma. The injured worker's medication regimen included oxymorphone, Oxycodone, Celebrex, and Flector Patch. The California MTUS Guidelines recommend urine drug testing as an option, using urine drug screen to assess for the use or presence of illegal drugs. It is noted that the injured worker is able to perform activities of daily living with the current medication regimen. The urine drug screen results from 07/11/2014 are consistent with current medication regimen. As such, the request for for Urine toxicology screen DOS: 7/11/14 is medically necessary.