

Case Number:	CM14-0138177		
Date Assigned:	09/05/2014	Date of Injury:	04/28/2001
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/26/2014

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 Texas. 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 61 year old female who sustained an industrial injury on 4/28/2001. She has continued treatment with medication management for diagnoses of chronic pain syndrome, lumbar back pain with radiculopathy, chronic depression, chronic anxiety and chronic insomnia. Prior peer reviews have repeatedly non-certified or modified the requests for ongoing opioid therapy. According to the 8/15/2014 pain management progress report, she has pain located in the bilateral legs, buttocks, hips, knees and low back. There has been no change in pain/spasticity control since last visit. Frequency of pain/spasticity is constant and quality is aching, shooting, throbbing, and burning. In the last month, with medications, pain is least 2/10, average pain 4/10, and worse 7/10. In the last month, without medications, pain is 4/10 least, average 7/10, and worst 9/10. Pain is worse in the morning. She can tolerate pain level of 2/10. Prescribed medications are Norco 10/325mg #240, Roxicodone 15mg #60, Oxycontin 80mg #120, Effexor XR 150mg #30. Medications are reviewed and renewed. Patient reports her pain medication help her function with activities of daily living. She denies any changes since her last visit. She has previously been approved for years of her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

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

Decision rationale: The medical records do not establish this patient is an appropriate candidate for ongoing Norco. She has been on opioids for a prolonged course; however, there is no evidence of clinically significant reduction in pain and improved function. Additionally, the medical records do not support that this patient's chronic complaints cannot be adequately addressed with non-opioid measures, OTC NSAIDs, activity modification, ice, heat, massage, and other physical methods. Furthermore, the patient's MED of her combined opioids exceeds the limit set under the evidence based guidelines.

Roxicodone 15mg #60: 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): 74-96.

Decision rationale: Roxicodone is classified as a Short-acting opioid: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. Opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life, which has not been demonstrated in this case. According to the CA MTUS, is it recommended that dosing not exceed 120 mg oral morphine equivalents per day, and in the case of this patient, her daily opioid dosing significantly exceeds the recommended limit of MED. The medical records fail to establish the patient is an appropriate candidate for ongoing Roxicodone use.

Oxycontin 80mg #120: 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): 74-96.

Decision rationale: According to the CA MTUS guidelines, Oxycontin Tablets are 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. The criteria for ongoing opioid for chronic pain management have not been met. The medical records do not demonstrate either return to work or clinically significant improvement in function and pain with opioid use. Ongoing opioid usage, in the absence of clinically significant

improvement is not supported. Furthermore, the MED of her combined opioids exceeds the limit set under the evidence based guidelines. The medical records fail to establish the patient is an appropriate candidate for ongoing Oxycontin use.