

Case Number:	CM14-0030970		
Date Assigned:	06/20/2014	Date of Injury:	11/17/2008
Decision Date:	08/13/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/11/2014

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 and Washington. 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 55-year-old male who reported an injury on 11/17/2008. The injured worker is status post-surgery of the lumbar spine. The injured worker complained of constant intractable upper and lower back pain. The injured worker stated that due to his pain he was unable to sleep and his ability to interact with other people was not well. He remained depressed. The injured worker rated his pain at 8/10; 10 being the worst. Physical examination dated 12/11/2013 revealed range of motion in the thoracic spine and lumbar spine were moderately to markedly restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature, as well as in the gluteal muscles. The injured worker could not perform heel and toe gait well and was using a cane to aid him in ambulation. Sensation to fine touch and pinprick was decreased in the bilateral calf area and posterior aspect of the right leg. Dorsiflexion was decreased at +4/5 bilaterally. Plantar flexion was decreased at -5/5 bilaterally. There were no diagnostics submitted in the report. The injured worker has the diagnoses of status post-surgery of the lumbar spine, compression fracture of the L1, failed back surgery with intractable pain, chronic myofascial pain syndrome, thoracic or lumbar spine, and spasmodic dysphonia. Past treatment rendered included trigger point injections and medication therapy. Medications include OxyContin 40 mg 1 tablet by mouth 2 times a day, hydrocodone 1 tablet every 6 hours, gabapentin 600 mg 1 tablet 3 times a day, and mirtazapine 15 mg 2 tablets at bedtime. The current treatment plan is for hydrocodone and OxyContin. The rationale submitted is that the provider states that the injured worker is at 50% relief of pain with medications than without. The request for authorization form was submitted on 12/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg. One (1) tablet by mouth every six (6) hours #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Hydrocodone/Acetaminophen Page(s): 78, 91.

Decision rationale: The request for Hydrocodone/APAP 10/325 mg. One (1) tablet by mouth every six (6) hours #120 is not medically necessary. The injured worker complained of constant intractable upper and lower back pain. The injured worker stated that due to his pain he was unable to sleep and his ability to interact with other people is not well. He remained depressed. The injured worker rated his pain at 8/10; 10 being the worst. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that treatment compliance must occur for all other modalities enlisted, urine drug screens are required, the patient must acknowledge that they are aware of potential adverse effects of the use of opioids including, addiction. The guidelines state four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug-related behaviors. The injured worker's MED when combined with OxyContin exceeds the recommended 120 mg total daily dose of opioid. The injured worker's submitted report lacked evidence of treatment compliance, any side effects the injured worker might/might not be experiencing, and any history of urinalysis testing. There was no quantified information regarding pain relief. There was also no assessment regarding intensity of pain, or longevity of pain relief. As such, the request for hydrocodone/APAP 10/325 mg 1 tablet by mouth every 6 hours #120 is not medically necessary.

Oxycontin 40 mg. One (1) tablet by mouth two (2) times a day # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, OxyContin, ongoing management Page(s): 75, 78.

Decision rationale: The request for OxyContin 40 mg one (1) tablet by mouth two (2) times a day #60 is non-medically necessary. The injured worker complained of constant intractable upper and lower back pain. The injured worker stated that due to his pain he was unable to sleep and his ability to interact with other people is not well. He remained depressed. The injured worker rated his pain at 8/10; 10 being the worst. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain,

increased level of function, or improved quality of life. The injured worker's MED when combined with hydrocodone/APAP exceeds the recommended 120 mg total daily dose of opioid. The report submitted did not show any of the above. There was no documentation rating the injured worker's pain before and after the OxyContin. There was also no mention of side effects or how long the medication worked. There was no mention as to how long the injured worker had been on the OxyContin. The MTUS Guidelines also state that there is to be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain management. Furthermore, the submitted report lacked pertinent evidence as to how the medication helped with any functional deficits the injured worker may have had. Given the above, the request for OxyContin 40 mg 1 tablet by mouth 2 times a day #60 tablets is not medically necessary.