

Case Number:	CM14-0053854		
Date Assigned:	07/07/2014	Date of Injury:	09/20/2000
Decision Date:	08/09/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/22/2014

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 Orthopedic Surgery and is licensed to practice in California Oklahoma Texas and Tennessee. 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 44-year-old female who sustained an injury on 09/20/00 when a client with Alzheimer's grabbed her by the neck shoving her and twisting her causing pain in the neck and low back. The injured worker has been followed for ongoing complaints of chronic low back pain radiating to the lower extremities following surgical intervention for the lumbar spine and has had multiple epidural steroid injections and has utilized several medications to include Ambien, Soma, Gabapentin, Oxycontin, and Percocet. The injured worker had been recommended for a spinal cord stimulator trial; however, this had not been completed to date. The injured worker did report some benefits from epidural steroid injections but described no relief with prior facet blocks, the use of a transcutaneous electrical nerve stimulation unit or H-wave unit. The injured worker did report benefits from Oxycontin and Percocet and Gabapentin for neuropathic symptoms. The injured worker was seen on 03/12/14 with continuing complaints of pain in the low back radiating to the left lower extremity. The injured worker reported benefits from Gabapentin in regards to left lower extremity symptoms. The injured worker denied any side effects from her medications and there had been no request for early refills. The injured worker was under a controlled substance agreement and had undergone regular urine drug screening. The injured worker reported severe pain 9-10/10 on the VAS as her medications had not started providing benefit. The injured worker was working at this evaluation. The injured worker was working towards reducing her dose of Oxycodone 15mg to below 4 tablets per day. The injured worker was planned on returning at the next visit with a reduction of Oxycodone from 120 tablets in a 1 month period to 90 tablets. Physical examination noted limited range of motion in the lumbar spine with tenderness and trigger points noted in the myofascial tissues. There was also tenderness in the lower lumbar facet joints. The requested Oxycontin 30mg tablet ER, quantity 60, Percocet 10/325mg, quantity 240 that were

delayed to be filled until 01/30/14 and Percocet 10/325mg, quantity 240 not to be filled until 02/28/14 were all denied by utilization review on 03/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg tablet extended release 1 P.O. twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: Per the most recent clinical report from 03/12/14, the injured worker was working on reducing her Oxycodone use from 4 tablets of 15mg to 3 tablets. There was no indication from the most recent clinical report that the injured worker was continuing to fill Oxycontin at 30mg tablets. It is noted that the previous utilization review report modified the request for Oxycontin 30mg tablets, quantity 60 to 15mg. This reviewer would have agreed with this modification to the request. In regards to the request for Oxycontin 30mg, this request is not medically necessary and appropriate.

Percocet 10/325mg tablet 1-2 P.O. every 4 hours #240 (do not exceed 8 tabs a day/Do not fill until 1/30/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: It is noted in the prior utilization review report that this request was modified to a quantity of 100 in order to facilitate weaning of the injured worker's morphine equivalent dosage (MED) below 140. Although the injured worker is noted to be compliant with narcotic medications, the injured worker's calculated MED did exceed guideline recommendations which are set at 100mg MED per day. Given the excessive amount of narcotics being prescribed to the injured worker the request for Percocet 10/325mg, quantity 240 not to be filled until 01/30/14, this request is not medically necessary and appropriate.

Percocet 10/325mg tablet 1-2 P.O. every 4 hours #240 (do not exceed 8 tabs a day/Do not fill until 2/28/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: It is noted in the prior utilization review report that this request was modified to a quantity of 100 in order to facilitate weaning of the injured worker's morphine equivalent dosage (MED) below 140. Although the injured worker is noted to be compliant with narcotic medications, the injured worker's calculated MED did exceed guideline recommendations which are set at 100mg MED per day. Given the excessive amount of narcotics being prescribed to the injured worker, In regards to the request for Percocet 10/325mg, quantity 240 not to be filled until 02/28/14, this request is not medically necessary and appropriate.