

Case Number:	CM14-0059287		
Date Assigned:	07/14/2014	Date of Injury:	10/21/2001
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 50 year-old woman who was injured at work on 10/21/2001. The injuries were primarily to her shoulder, back and legs. She is requesting review of denial for Oxycodone/Acetaminophen 10/325 mg #240. Medical records corroborate ongoing care for her injuries. Her office visits describe ongoing pain in her back, legs and right shoulder. Her chronic diagnoses include: Joint Pain-Shoulder; Lumbar Radiculopathy; Myalgia and Myositis; and Post Laminectomy Syndrome - Lumbar Spine. Treatment other than the surgical intervention has included the following medications: Cymbalta, Fentanyl Patch, Gabapentin, Oxycodone/APAP, and Trazodone. The treating physician documents that: The patient has a signed opioid agreement in the chart, that the opioid risk tool has been applied to this patient; spot checks of the Department of Justice patient activity reports have been appropriate and urine toxicology screens have been appropriate; the patient is personally evaluated each visit by the physician to make sure that the treatment plan is appropriate, that there are no problems or difficulties with the treatment plan and that there are no red flags for possible medication misuse or aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Acetaminophen 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): 74-97.

Decision rationale: The treating physician provides evidence that a number of MTUS Guidelines pertaining to the use of opioids have been documented in the medical records. While the peer reviewer was concerned that there was inadequate documentation of specific functional gain, and I concur, the key issue in this case is the overall dosing of opioids. The MTUS/Chronic Pain Medical Treatment Guidelines (Page 86) state the following: "Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Use the appropriate factor below to determine the Morphine Equivalent Dose (MED) for each opioid. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents (Washington, 2007)." The information provided indicates that the treating physician has prescribed Fentanyl Patch 50 mcg/hr; applied every 48 hours, and Oxycodone/Acetaminophen 10/325mg; 1-2 tablets every 4 hours, not to exceed 8 tablets per day. This dosing regimen exceeds the MTUS Guidelines and therefore, the request for Oxycodone/Acetaminophen 10/325mg #240 is not considered as medically necessary.