

Case Number:	CM14-0073015		
Date Assigned:	07/16/2014	Date of Injury:	02/20/1998
Decision Date:	09/30/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/20/2014

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, has a subspecialty in Pain Medicine 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 60 year old female who reported an injury on 02/20/1998. The mechanism of injury was not provided. Diagnoses included neurogenic claudication, L3-4 central canal stenosis, L5-S1 left foraminal stenosis, left knee osteoarthritis, and cervical spinal stenosis with cervical spondylosis and degenerative disc disease. The past treatments included a bilateral L3-4 epidural steroid injection on 12/05/2013 and bilateral C6 nerve root block on 12/19/2013. An x-ray of the left knee dated 02/04/2014, revealed severe degenerative changes involving the medial patellofemoral compartments of the left knee. Surgical history included an L4-S1 fusion in 2007. The pain management note dated 04/04/2014, noted the injured worker complained of discomfort in her lower back, gluteal region, lower extremities, and left knee. The physical exam revealed she was able to go from a sitting to a standing position with no difficulty and independently, she was able to walk on her heels and toes with no apprehension, and she had 5/5 strength with knee flexion/extension. It was noted that a urine toxicology screen was obtained on 02/07/2014, which was positive for oxycodone and its metabolites. Medications included Ambien CR 6.25, Opana ER 20 mg #60, Soma 350mg #90, Naprelan 500mg #30, and Primlev 10/300 #120. The treatment plan included recommendations for continuation of conservative management and medication regimen, and bilateral L3-4 epidural steroid injections. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Primlev 10-300mg 1 tablet every 6hrs, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Oxycodone/Acetaminophen; Opioids, criteria for use; Weaning of Medications Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids Page(s): 78-80, 86.

Decision rationale: The request for Primlev 10-300mg 1 tablet every 6 hours #120 is not medically necessary. The injured worker had unmeasured discomfort in her lower back, gluteal region, lower extremities, and left knee; and is prescribed Opana ER (Oxymorphone) 20mg #60 with Primlev 10/300mg #120. The California MTUS guidelines recommend opioids as second-line treatment of moderate to moderately severe pain, and for long term management of chronic pain when pain and functional improvements are documented. Adverse side effects and aberrant drug taking behaviors should also be assessed for ongoing management of opiates. The guidelines also state, the lowest possible dose should be prescribed to improve pain and function, and recommend that dosing should 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. There was no assessment of the severity of the injured worker's pain. There was no documentation of measured functional improvements with the medication. There was a statement of the explanation of potential side effects to the injured worker; however, there was no documentation indicating whether she was experiencing side effects, or not. There was documentation of a urine drug screen which was obtained on 02/07/2014 and was positive for oxycodone and its metabolites. The injured worker was prescribed opiate medication in the amount of 180 morphine equivalents per day, which exceeds the guideline recommendation of 120 morphine equivalents per day. Due to the lack of documentation of pain, the lack of documentation of the efficacy of the medication, and the lack of documentation of the efficacy of the excessive dose, the use of Primlev 10/300mg every 6 hours is not supported. Therefore, the request is not medically necessary.