

Case Number:	CM14-0080751		
Date Assigned:	07/23/2014	Date of Injury:	08/25/2000
Decision Date:	09/18/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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:

This is a 56-year-old male with a date of injury of 8/25/00. The mechanism of injury was not provided. On 4/17/14, he complained of pain over neck and severe burning and stabbing pain with intermittent numbness over right arm and hand. His pain continues down the entire right side of his body and is exacerbated by all prolonged positions and all upright activities including standing, sitting, and walking. His pain is moderate to severe at all times. He states his entire medication regimen is needed to preserve mobility and ability to care for his self and to sleep. He rates his pain a 5-10/10 with medications and 9-10/10 without medications. Prescribed medications on the visit was: MS Contin 60mg every 8 hours #90, MS Contin 15mg every 8 hours #90, Oxycodone IR 15 - 30mg every 4 hours as needed for severe BTP NTE 120mg/day; 15mg tabs #85, and 30mg tabs #70. On exam, the cervical spine and bilateral trapezial showed restricted range of motion, and dysesthesia over the lateral right upper arm and ulnar right hand. The diagnostic impression is chronic pain syndrome, chronic neck pain, cervical spinal fusion and cervical radiculopathy. Treatment to date: surgery, medication management. A UR decision dated 5/15/14 denied the request for Oxycodone IR 15mg #85. The Oxycodone IR (immediate release) 15 mg was denied because of several reasons. The patient has been dependent on an extremely heavy dose of opioid medications including MSContin and Oxycodone IR. It is imperative and pertinent that the provider adapts a strategy of reducing dependences and dosage of the medications because the patient is at a significant risk for side effects and hyper-analgesia syndrome from chronic opioid therapy. The patient continues to remain symptomatic in spite of heavy doses of opiates. The patient takes MS Contin 60 mg three times a day and Oxycodone IR 15 mg up to three times a day and 30 mg up to 2 tablets a day. The MED (morphine equivalent dose) was in the region of 340-350 mg per day, which is 3 times the upper most recommended limit of 120 mg per day. The discontinuation of Oxycodone IR, which is only taken on an as

required basis, is considered appropriate per guideline recommendation for the weaning. The patient should not experience withdrawal syndrome upon discontinuation of the as required medication Oxycodone IR 15 mg tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 15 mg #85: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1) OPIOIDS 2) WEANING OF MEDICATIONS Page(s): 1) 74-97, 2) 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional benefit or continued analgesia with the extremely high dose of opiates. With the drug regimen prescribed on the 4/17/14, the MED is calculated at 505, which far exceeds the guidelines recommendations of no greater than 200. Also, there is no documentation of lack of adverse side effect or aberrant behavior. There is no documentation of a CURES Report or an opiate pain contract. Guidelines recommend that the MED not exceed 200. This patient's MED is 505, which far exceeds the recommended ceiling of MED of 200. Therefore, the request for Oxycodone IR 15mg #85 was not medically necessary.