

Case Number:	CM14-0081069		
Date Assigned:	07/28/2014	Date of Injury:	01/12/2006
Decision Date:	10/01/2014	UR Denial Date:	05/14/2014
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 Medicine, and is licensed to practice in Texas and Florida. 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 58-year-old who was injured on 1/12/2006. The diagnoses are low back pain, knee pain and right foot pain. There are associated diagnoses of bipolar disorder and schizophrenia. The past surgery history is significant two lumbar spine fusion surgeries. A decision on a third surgery is pending. The treatments completed are PT, TENS, heat, epidural steroid injections and trigger points injections. The MRI off lumbar spine is significant for spondylosis and neural foramina stenosis. On 4/14/2014, [REDACTED] noted subjective complaints of low back pain. There were objective findings of paraspinal muscle tenderness and decreased range of motion of the lumbar spine. [REDACTED] noted that the oxymorphone enables the patient to sleep better. The patient has had 6 falls in the past 9 months. There is a past medical history off multiple substance abuse. The medications are Celebrex, hydrocodone and Lidoderm for pain and pantoprazole for the prevention and treatment of NSAIDs induced gastritis. A Utilization Review determination was rendered on 5/14/2014 recommending non certification for oxymorphone 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone 5 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxymorphone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, NSAIDs and PT Page(s): 74-96.

Decision rationale: The CA MTUS recommends that opioids can be utilized for the short term treatment of exacerbation of chronic musculoskeletal pain that is non responsive to standard NSAIDs and PT. Opioids can also be utilized for maintenance treatment when all non opioids options including surgery have failed. The records indicate the the patient have significant psychosomatic and psychiatric history. There is documented 'red flag' behavior by a past history of poly substance abuse. [REDACTED] noted that the oxymorphone enabled the patient to sleep better indicating it is being used for sedative action. There is a history of frequent falls. There are many factors and signs indicative or contributing to increased adverse effects from chronic opioids treatment. Therefore, the request for Oxymorphone 5 mg, thirty count, is not medically necessary or appropriate.