

Case Number:	CM14-0095737		
Date Assigned:	07/25/2014	Date of Injury:	10/07/2002
Decision Date:	09/10/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 male who sustained an injury on 10/07/02. The mechanism of injury was a fall with developing complaints of pain in multiple areas. Prior treatment has included physical therapy as well as chiropractic manipulation. The injured worker is noted to have had a prior lumbar fusion followed by hardware removal performed in September of 2005. The injured worker is also noted to have had concurrent depression and anxiety related to chronic pain. The injured worker has been followed for pain management and was being prescribed multiple medications to include Ambien, Flexeril, Morphine Sulfate (MS) Contin, Oxycodone, and Tizanidine. It is noted the injured worker has been recommended through utilization review to taper narcotic medications. As of 04/15/14, the injured worker was being prescribed Clonazepam, Clonidine, Cyclobenzaprine, and Morphine both 100 and 30 milligrams utilized every eight hours, Opana extended release (ER) 40 milligrams every twelve hours, and Oxycodone 30 milligrams every four hours. The injured worker reported pain levels 3/10 in severity that could increase up to 9/10, 60 percent relief with the current medications, and limited benefit from physical therapy and epidural steroid injections. Physical examination noted tenderness to palpation in the paraspinal regions of the lumbar spine with pain on lumbar range of motion and no motor weakness was identified. The injured worker was continued on narcotic medications at this evaluation but was planned on transitioning from Morphine to Opana. Opioid agreement and urine drug screen results were reported as consistent. The clinical report from 04/30/14 noted that with decreased medications, the injured worker had more pain and spent more time in bed. Opana ER 40 milligrams every twelve hours and Oxycodone 30 milligrams every four hours were recommended to continue the regimen. Level of function is increased with the medication although this medication requirement was high. Options such as an intrathecal pump implantation were discussed and there are plans for an IDDS trial. Follow up on 05/21/14

noted more than 50 percent relief with the use of narcotic medications. As of 05/20/14, the injured worker again indicated that his level of function was decreased without medications. Recent urine drug screen results were appropriate. This report indicated the injured worker was utilizing Opana ER at 40 milligrams twice daily and Oxycontin IR 60 milligrams every four hours. The listed prescription however was for 30 milligrams. The injured worker's physical examination remained unchanged. There was still consideration for a possible intrathecal drug pump at this evaluation. Follow up on 06/10/14 noted the injured worker was still having difficulty controlling pain due to infrequent medication allowances. The injured worker was requesting a change from Opana back to Morphine in order to be able to afford the medication. The injured worker is noted to have filled a recent prescription for Methadone 10 milligrams. The physical examination findings did note tenderness to palpation and trigger points, both in the neck and low back regions with limited range of motion. At this evaluation, the injured worker was prescribed MS Contin 100 milligrams every eight hours as well as Oxycodone 30 milligrams every 4 hours. The injured worker was willing to start a detoxification program as well as possibly start Suboxone in order to come off opiates. The requested Oxycodone 30 milligrams, quantity 180 and Opana ER 40 milligrams, quantity 60 were both denied by utilization review on 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg. #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

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

Decision rationale: The injured worker is noted to have a relatively high MED requirement for narcotic medications. It is noted that the injured worker obtained at least 50 percent or more improvement with the use of narcotic medications and described functional improvement with the use of narcotics. The injured worker's urine drug screen reports were consistent and there was no evidence of aberrant medication use. The injured worker is also noted to have been willing to consider other options for pain management outside of narcotic medications to include detoxification, an intrathecal drug pump trial, and/or a Suboxone trial. Given the clinical information provided, although the injured worker's MED is over the maximum recommended by guidelines, there is evidence of functional improvement and pain reduction to the extent that ongoing use of narcotics as requested would be medically appropriate until a tertiary level of chronic pain management and/or detoxification can be determined. Therefore, this reviewer would have recommended this request as medically necessary.

Opana ER 40 mg. #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

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

Decision rationale: The injured worker is noted to have a relatively high MED requirement for narcotic medications. It is noted that the injured worker obtained at least 50 percent or more improvement with the use of narcotic medications and described functional improvement with the use of narcotics. The injured worker's urine drug screen reports were consistent and there was no evidence of aberrant medication use. The injured worker is also noted to have been willing to consider other options for pain management outside of narcotic medications to include detoxification, an intrathecal drug pump trial, and/or a Suboxone trial. Given the clinical information provided, although the injured worker's MED is over the maximum recommended by guidelines, there is evidence of functional improvement and pain reduction to the extent that ongoing use of narcotics as requested would be medically appropriate until a tertiary level of chronic pain management and/or detoxification can be determined. Therefore, this reviewer would have recommended this request as medically necessary.