

Case Number:	CM14-0167533		
Date Assigned:	10/14/2014	Date of Injury:	02/13/1999
Decision Date:	01/08/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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 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:

This 59 year old male sustained a work related injury on 2/13/99. The mechanism of injury was not described. The current diagnoses are lumbosacral nerve root injury, status post nerve root decompression, and depression. According to the progress report dated 9/16/2014, the injured workers chief complaints were constant low back and hip pain associated with numbness in both the right and left lower extremities. The physical examination revealed tenderness and spasm of the quadratus musculature bilaterally and decreased range of motion of the lumbar spine. There were decreased reflexes also noted in the lower extremities. Per notes, there is also an ongoing impact of his mood. On this date, the treating physician prescribed OxyContin and Hydromorphone, which is now under review. Also prescribed, were Cyclobenzaprine, maintain pain management program, and return to clinic as needed. In addition to OxyContin and Hydromorphone, his medication regimen included Zyprexa, Remeron, Doxepin, Buspar, Compazine, Zofran, Vioxx, Neurontin, Clonazepam, and Zolpidem. According to documents, the injured worker has improved performance of his activities of daily living while on this combination and had no complaints of opioid related side effects. The injured worker was described as 100% disabled, permanent, and stationary. On 9/30/2014, Utilization Review had non-certified a prescription for OxyContin and Hydromorphone. The medications were non-certified based on the literature that prolonged use is not indicated. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing, Page(s): 86.

Decision rationale: The injured worker is receiving treatment for chronic pain syndrome and depression. He has been treated with chronic high-dose opioids. The patient is described as suffering from constant low back pain and a depressed mood. Documentation does not provide sufficient objective evidence of response to opioid therapy such as improved pain scores or improved function. The patient is being prescribed greater than 120mg oral morphine equivalents per day which exceeds MTUS guidelines for opioid dosing. The request is not medically necessary.

Hydromorphone 8 mg Qty: 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94 of 127..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 86.

Decision rationale: The injured worker is receiving treatment for chronic pain syndrome and depression. He has been treated with chronic high-dose opioids. The patient is described as suffering from constant low back pain and a depressed mood. Documentation does not provide sufficient objective evidence of response to opioid therapy such as improved pain scores or improved function. The patient is being prescribed greater than 120mg oral morphine equivalents per day which exceeds MTUS guidelines for opioid dosing. The request is not medically necessary.