

Case Number:	CM14-0186944		
Date Assigned:	11/17/2014	Date of Injury:	08/26/2003
Decision Date:	01/07/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family 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:

This injured worker's date of injury is 08/26/2003. Medical documentation regarding the original injury was not provided. This patient receives treatment for chronic pain in the low back and neck regions. The patient has cervical post-laminectomy syndrome, "failed neck" and the patient has opioid dependency with high opioid tolerance. The treating physician describes the patient's activity level as being able to leave the house and "do some chores around the house." Lumbar plain films and a lumbar MRI show a grade 1 spondylolisthesis. This review covers requests for 4 prescription medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Oxycontin 30mg extended release QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-87.

Decision rationale: The patient has cervical post-laminectomy syndrome, "failed neck" and the patient has opioid dependency with high opioid tolerance. Opioids show effectiveness in treating

neck pain only for short-term relief. There is no support for the treatment strategy of taking opioids for the long-term management of neck pain. Clinical studies do not show that opioids lead to improvement in function. The medical documentation presented does not show that the pain is well controlled nor is there clear evidence of an improvement in function. In addition this patient's total opioid dose is 340 Morphine Equivalent Dose (MED) factors, which is substantially higher than the recommended level. The recommended dose level is up to 120 mg MED. Oxycontin 30 mg is not medically indicated.

One prescription for Oxycontin 20mg extended release #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-87.

Decision rationale: The patient has cervical post-laminectomy syndrome, "failed neck" and the patient has opioid dependency with high opioid tolerance. Opioids show effectiveness in treating neck pain only for short-term relief. There is no support for the treatment strategy of taking opioids for the long-term management of neck pain. Clinical studies do not show that opioids lead to improvement in function. The medical documentation presented does not show that the pain is well controlled nor is there clear evidence of an improvement in function. In addition this patient's total opioid dose is 340 Morphine Equivalent Dose (MED) factors, which is substantially higher than the recommended level. The recommended dose level is up to 120 mg MED. Oxycontin 20 mg is not medically indicated.

One prescription for Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-87.

Decision rationale: The patient has cervical post-laminectomy syndrome, "failed neck" and the patient has opioid dependency with high opioid tolerance. Opioids show effectiveness in treating neck pain only for short-term relief. There is no support for the treatment strategy of taking opioids for the long-term management of neck pain. Clinical studies do not show that opioids lead to improvement in function. The medical documentation presented does not show that the pain is well controlled nor is there clear evidence of an improvement in function. In addition this patient's total opioid dose is 340 Morphine Equivalent Dose (MED) factor, which is substantially higher than the recommended level. The recommended dose level is up to 120 mg MED. Norco 10/325mg #120 is not medically indicated.

One prescription for Lorazepam 2mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Lorazepam is a short acting benzodiazepine, which may be useful for the short-term management of anxiety. Long term efficacy is unproven with benzodiazepines. Benzodiazepines frequently produce drug tolerance and dependence, which limits their use to less than 4 weeks duration. Lorazepam is not medically indicated.