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| Case Number: | CM14-0187143 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 05/09/1997 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 61 year old employee with date of injury 5/9/97. Medical records indicate the injured worker is undergoing treatment for lumbosacral spondylosis without myelopathy. Displacement of lumbar intervertebral disc without myelopathy. Degenerative lumbar/lumbosacral intervertebral disc. Subjective complaints include chronic low back pain with right hip complaints. Injured worker describes as burning, sharp, dull/achy, stabbing with pressure and spasm. She reports increased frequency and intensity of muscle spasms and stiffness. Objective complaints include pain reported 3/10 with medications 10/10 without. Medication keeps injured worker functional allowing increased mobility and ability to tolerate ADL's and home exercise. On exam deep tendon reflexes in all extremities decreased but equal. Lumbar/sacral tenderness and spasm over L3-S1 with extension. Lateral bend highly suggestive of facet arthropathy. Gait antalgic and weak. Posture normal. Decreased range of motion (ROM). Treatment has consisted of no surgeries although successful epidural injections. Chiropractic and PT have proved helpful. Inability to tolerate acupuncture. Home exercise program. Medications to include Methadone, Oxycodone, Soma, Medrol, Klonopin, Metoprolol and Prilosec. The utilization review determination was rendered on 10/27/14 recommending non-certification of Oxycodone 30mg tab 1 po q12 hr prn, pain #60 and Methadone HCL 10 mg tabs 3 po bid pain (max 6/day) #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30 mg tabs 1 po q 12 h prn; pain #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids

Decision rationale: Oxycodone is the generic version of OxyContin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The injured worker has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life". The treating physician documents decreased pain and improved functionality but then documents that the injured worker's pain at her most recent visit was 8/10 on medication. In addition, the injured worker is taking Oxycodone and Methadone. The morphine equivalent per day based on the progress notes appears to be 90 mg from oxycodone and 600mg from Methadone which far exceeds MTUS recommendations for a morphine equivalent dose of 120mg per day. This is far in excess of guideline recommendations and the treating physician has not provided an evidence based rationale to exceed guidelines. As such the question for Oxycodone 30 mg, #180 is not medically necessary.

Methadone HCL 10 mg tabs 3 po bid pain (max 6/day) #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid weaning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96.

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life." The treating physician documents decreased pain and improved functionality but then documents that the injured worker's pain at her most recent visit was 8/10 on medication. In addition, the injured worker is taking Oxycodone and Methadone. The morphine equivalent per day based on the progress notes appears to be 90 mg from Oxycodone and 600mg from Methadone which far exceeds MTUS recommendations for a morphine equivalent dose of 120mg per day. This is far in excess of guideline recommendations and the

treating physician has not provided an evidence based rationale to exceed guidelines. As such the question for Methadone HCL 10 mg tabs 3 po bid pain (max 6/day) #180 is not medically necessary.