MAXIMUS Federal Services

Case Number:	CM14-0188338		
Date Assigned:	11/19/2014	Date of Injury:	03/10/2006
Decision Date:	01/07/2015	UR Denial Date:	10/16/2014
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 Emergency 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 51 year old male sustained a work related injury on 03/10/2006. The mechanism of injury was not made known. As of an office visit dated 09/30/2014, the injured worker complained of low back pain. According to the provider, there were no changes in symptoms. The injured worker reported that his pain goes from an 8 to a 5 on a scale of 1-10 with the OxyContin and the Duragesic patches keeps his pain level at a 6 or 7 on average. The injured worker reported that he was more functional with his pain medication in the form of walking for exercise about 30 minutes daily. He was also able to take care of some light housework and yard work as well. Overall, he had a better quality of life with the medication. Reported side effects included constipation that was improved with Colace. There was a pain medication contract on file according to the provider. His urine drug screens have been consistent in the past and he was scheduled for one that day. Medication regimen included Duragesic patch 25mcg every 3 days, OxyContin 20mg three times a day, Cymbalta 30mg three times a day, Colace 100mg three to four times a day, Flexeril 10mg twice a day and Lunesta 3mg every bedtime. Diagnoses included: 1. Compression fracture of L2 vertebral body with retropulsed fragment stable, MRI's of the lumbar spine dated 08/19/2008 showed compression fracture at L2 and prominent Schmorl's nodes at superior endplate of L5. 2. Lower thoracic area pain 3. Depression and anxiety due to chronic pain (no suicidal ideation). 4. Erectile dysfunction due to chronic pain. 5. Status post lumbar fusion from L1 to L3 January 2010. 6. Sleep disorder due to his chronic pain, deemed industrial by a Qualified Medical Examiner. Plan of care included a continuation of the same medications, exercise, urine drug screen and a follow up in 3 months. A prescription for Duragesic patches and OxyContin were written with 2 additional prescriptions of each. Work status was noted as permanent and stationary. Radiographic imaging reports were not submitted for review. Physical therapy treatment notes were submitted for review and included

9 sessions. On 10/16/2014, Utilization Review modified Duragesic Patch 25mcg #10 x 2 refills and OxyContin 20mg three times a day #90 x 2 refills that was requested on 10/09/2014. According to the Utilization Review physician, the primary treating physician did not provide the medical rationale for the requested treatments and the dosages of the two medications together exceed MTUS Chronic Pain Guidelines. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 25mcg dispensed #10 refill times 2 end date 11/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, Opioid Dosing Page(s): 78-80, 80-82, 86.

Decision rationale: The requested Duragesic Patch 25mcg dispensed #10 refill times 2 end date 11/30/14:, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-GoingManagement, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has low back pain. The treating physician has not documented the medical necessity for two concurrent long-acting opiates, nor the medical necessity for a total opiate load in excess of the 120 MED recommended maximum daily opiate dosage. The criteria noted above not having been met, Duragesic Patch 25mcg dispensed #10 refill times 2 end date 11/30/14: is not medically necessary.

Oxycontin 20mg 3 times a day dispense #90 refill times 2 end date 11/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, Opioid Dosing Page(s): 78-80, 80-82, 8.

Decision rationale: The requested OxyContin 20mg 3 times a day dispense #90 refill times 2 end date 11/30/14, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-GoingManagement, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has low back pain. The treating physician has not documented the medical necessity for two concurrent long-

acting opiates, nor the medical necessity for a total opiate load in excess of the 120 MED recommended maximum daily opiate dosage. The criteria noted above not having been met, OxyContin 20mg 3 times a day dispense #90 refill times 2 end date 11/30/14 is not medically necessary.