

Case Number:	CM14-0198556		
Date Assigned:	12/15/2014	Date of Injury:	07/15/1995
Decision Date:	01/30/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, 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 underlying date of injury in this case is 07/15/1995. The patient's diagnosis is a lumbar postlaminectomy syndrome. The patient additionally has a diagnosis of a lumbar radiculopathy and chronic pain syndrome. On 10/22/2014, the patient was seen in pain management follow-up. The patient was being treated with fentanyl with oxycodone for breakthrough pain as well as Lyrica, ibuprofen, Cymbalta, Tizanidine, and Voltaren gel. All these medications were noted to make the patient more comfortable such as taking care of his house and doing yard work and running errands and washing his car. The patient had been able to sleep in a bed for the last year as opposed to a recliner for the previous 10 years. The treatment plan included continuing the patient on his fentanyl patch as well as continuing OxyIR, ibuprofen, Lyrica, and Cymbalta. The patient was noted to tolerate the medicine well without major side effects and with no early refills for urine drug screens had shown compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy - IR 15mg Q6H: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Jane C, Ballantyne, et all. November 13, 2002.

http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management, recommending ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records discuss functional improvement for medications. However, it is not clear that such functional improvement has been titrated to minimize the dose of medication required, and it is not clear that this patient could not achieve similar benefit from non-opioid treatment. Particularly given the chronicity of this injury, overall treatment guidelines do not support this medication, particularly given patient's overall morphine equivalent dose is in excess of 400 mg. Overall, this request is not medically necessary.