

Case Number:	CM14-0206030		
Date Assigned:	12/18/2014	Date of Injury:	06/04/2010
Decision Date:	02/09/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 41 year old male with an injury date of 06/04/10. Based on the 11/07/14 progress report provided by treating physician, the patient complains of chronic severe lower back pain, bilateral lumbar radiculopathy, neurogenic bladder. Patient is status post L5-S1 lumbar fusion and laminectomy. Physical examination on 11/07/14 revealed tenderness to palpation to L5-S1 paraspinal muscles (greater on right than on the left) and noted well healed surgical scars in the lumbar region. Range of motion was decreased for flexion and extension in all planes, especially forward flexion and patient exhibits abnormal toe and heel walking. Noted muscle spasms in right lumbar paraspinal muscles and decreased strength and sensation to RLE bilaterally, greater on the right. Per progress report dated 07/25/14, patient reports pain rated 2/10 while taking medication (10/10 without), attests functional improvement and does not display signs of aberrant behavior nor adverse drug effects. Patient medications include: Oxycodone HCL, Zolpidem Tartrate, Soma, Gabapentin, Omeprazole, Tizanidine, Nexium, Xanax, Enablex, Rapaflo CAPS, Viagra. Patient is medically disabled. Diagnosis 11/07/14.- Lumbago- Intervertebral lumbar disk disorder with myelopathy of lumbar region.- Thoracic/lumbosacral neuritis and radiculitis unspecified.- Degenerative lumbar/lumbosacral intervertebral disk.- Post laminectomy syndrome, lumbar region. The utilization review determination being challenged is dated 11/18/14. The rationale is: "Documentation identifies the claimants current dose is at 315 MED/day exceeding guideline recommendations which state that 'Recommend that dosing not exceed 100mg MED/day... the claimant's dose remains excessive and should continue to be weaned down". Treatment reports were provided from 06/19/14 to 11/7/17.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg #210: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: The patient presents with chronic severe lower back pain, bilateral lumbar radiculopathy, and neurogenic bladder. Patient is status post L5-S1 lumbar fusion and laminectomy. The request is for Oxycodone HCL 30mg 210 tablets. Physical examination revealed tenderness to palpation to L5-S1 paraspinal muscles (greater on right than on the left) and noted well healed surgical scars in the lumbar region. Range of motion was decreased for flexion and extension in all planes, especially forward flexion. MTUS Guidelines pages 88 - 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Per progress report dated 11/10/14, patient reports pain level rated 2/10 while taking medication (10/10 without), attests to functional improvement while taking medication, and does not display signs of aberrant behavior nor adverse drug effects. Additionally, report notes most recent urine drug screen was consistent with medication profile. Per 11/18/14 UR letter, reason for denial was excessive dosing schedule (>120 MED/day), however this value is not a hard ceiling. MTUS page 86 states, "Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral Morphine equivalents." This patient suffers from post-laminectomy syndrome with neuropathic pain for which chronic opioid use is supported. Given the adequate documentation of the 4 A's in line with MTUS guidelines, the request is reasonable and is medically necessary.