

Case Number:	CM15-0001759		
Date Assigned:	01/12/2015	Date of Injury:	12/19/2008
Decision Date:	03/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 65 year old female with a date of injury as 12/19/2008. The cause of the injury was related to lifting. The current diagnoses include lumbar spondylosis and closed fracture of lumbar vertebra without spinal cord injury. Previous treatments include medications, kyphoplasty L2-L4 on 06/2009, transforaminal epidural steroid injection, physical therapy, acupuncture, and TENS unit. Primary treating physician's reports dated 06/17/2014 through 12/18/2014 were included in the documentation submitted for review. Report dated 12/18/2014 noted that the injured worker presented with complaints that included back pain, which she notes is a new area of pain. Transforaminal epidural injection was noted to have relieved 50% of her pain, but now the pain is starting to increase. Pain level was noted to be 4 out of 10, constant in nature described as pressure, dull roar, aching feeling. Current medication regimen consists of Norco, Effexor, and Ibuprofen. Physical examination revealed antalgic gait, limited range of motion in the back due to severe pain. The physician documented the 4 A's which included, 50% relief with oxymorphone after 20 minutes and lasting up to 2 1/2 hours, increased ability to perform activities of daily living, no adverse effects were noted, and no aberrant behavior. Last urine drug screen was noted to be positively appropriate. The utilization review performed on 12/29/2014 modified a prescription for oxymorphone ER and oxymorphone IR based on absence of required documentation. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone ER 10mg, twice a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Oxymorphone IR 10mg, twice a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.