

Case Number:	CM15-0103131		
Date Assigned:	06/05/2015	Date of Injury:	12/08/2003
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/29/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 47 year old female patient who sustained an industrial injury on 12/08/2003. The patient subsequently underwent surgical intervention in 2005 and ever since this she has been experiencing pain ever since. Her past medical history included: chronic pain syndrome on chronic narcotic therapy, history of back surgery secondary to work related injury 12 years prior, history of a pulmonary nodule, hepatitis C, status post laminectomy, anxiety, degenerative joint disease, and hysterectomy. Current medications are: Ambien, Lidocaine, Oxycodone, OxyContin, Soma, Vitamin D, and Xanax. Request for the medication under review is dated 5/4/15 and Utilization Review was completed on 5/11/15. It is noted that patient had an emergency visit and hospitalization on 5/8/15. However, information and testing done after date of request will not be considered for this independent medical review since prospective information does not retrospectively change criteria used for independent medical review as per MTUS guidelines. Last progress note and information was reviewed prior to 5/4/15 and any information dated after will be reviewed only directly pertaining to the original request and will not take into account any new information or what occurred during and after emergency visit since none of this information was available to requesting provider or utilization reviewer. If there is change in medical status, the provider and patient should resubmitted a new request. A follow up visit dated 05/06/2015 reported pain of 10/10 improving to 2-3/10 with medications. Back pain is at baseline and unchanged. She is now seeing a psychiatrist for anxiety concerns. The patient is allergic to: Morphine, Compazine, and Reglan. Current medications are: Lunesta, Dilaudid, Roxicodone, Oxycodone, OxyContin, Soma, and Lidoderm. Objective exam reveals

tenderness and limited range of motion of lumbar spine. Decreased L4-S1 dermatomes. She is diagnosed with chronic lower back pain with lumbar radiculopathy right L5; status post lumbar fusion L4-5 with hardware removal; lumbar spondylosis with failed back syndrome and epidural fibrosis at L4-5; chronic neck pain with multilevel disc osteophyte complex C3-4 to C6-7; status post pain pump trial in 2008; status post spinal cord stimulator trial 2007, and obesity status post gastric band in 2003. The plan of care noted the patient being weaned off slow tapering of OxyContin, prescribing medications, and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #150: 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): 76-79.

Decision rationale: Oxycodone is an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has claimed decrease in pain from 10/10 to 2-3/10 on large doses of opioids with minimal functional improvement. Patient is on massive dose of opioids. Patient is noted to be on Dilaudid 8mg a day and up to a maximum of Roxicodone 120mg a day, Oxycodone 360mg and Oxycontin 240mg leading to patient taking up to an astounding 1400mg Morphine Equivalent Dose(MED) a day. This massive amount of opioids exceed MTUS guidelines maximum of 120mg MED by over a factor of 10. The excessive amounts of opioids in combination with benzodiazepines and sedative medications have a very high risk of severe life threatening side effects. Provider's plan for weaning does not meet guidelines with any evidence of any actual meaningful decrease in opioid load noted. Patient is on excessive amount of opioids and does not meet medical necessity. Oxycodone is not medically necessary.

Oxycodone 80mg #120: 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): 76-79.

Decision rationale: Oxycontin is extended release Oxycodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has claimed decrease in pain from 10/10 to 2-3/10 on large doses of opioids with minimal functional improvement. Patient is

on massive dose of opioids. Patient is noted to be on Dilaudid 8mg a day and up to a maximum of Roxicodone 120mg a day, Oxycodone 360mg and Oxycontin 240mg a day leading to patient taking up to an astounding 1400mg Morphine Equivalent Dose(MED) a day. This massive amount of opioids exceed MTUS guidelines maximum of 120mg MED by over a factor of 10. The excessive amounts of opioids in combination with benzodiazepines and sedative medications have a very high risk of severe life threatening side effects. Provider's plan for weaning does not meet guidelines with any evidence of any actual meaningful decrease in opioid load noted. Patient is on excessive amount of opioids and does not meet medical necessity. Oxycontin is not medically necessary.

Carisoprodol 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol(Soma) Page(s): 29.

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. Soma in combination with high dose opioids can lead to life threatening over sedation. Carisoprodol is not medically necessary.

Lidocaine pad 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm(lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, Lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's diagnosis of radiculopathy and chronic low back pain. It may be considered after failure of 1st line treatment. Provider has not documented any 1st line medication failure or successful trial of lidocaine patch. Lidocaine patch is not medically necessary.