

Case Number:	CM15-0103751		
Date Assigned:	06/08/2015	Date of Injury:	10/03/2008
Decision Date:	07/07/2015	UR Denial Date:	05/26/2015
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: New York
 Certification(s)/Specialty: Internal 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 66 year old male, who sustained an industrial injury on 10/03/2008. He reported that he was carrying a table while walking backwards when he tripped on a speed bump and fell sustaining injuries to the left shoulder and low back. The injured worker was diagnosed as having right ankle pain, arthritis of the back, back pain, degenerative disc disease, depressive syndrome, lumbar degenerative disc disease, long term memory loss, myofascial pain, shoulder pain, and right wrist pain. Treatment and diagnostic studies to date has included medication regimen, physical therapy, status post shoulder surgery, laboratory studies, bone scan of the whole body, magnetic resonance imaging of the right ankle, cervical spine, lumbar spine, left shoulder, and left wrist, and an electromyogram. In a progress note dated 05/12/2015 the treating physician reports complaints of worsening low back pain, right ankle pain, upper back pain, right elbow pain, left shoulder pain, and right wrist pain. Examination reveals myofascial tenderness to the cervical and lumbar spine and an antalgic gait. The injured worker's current medication regimen contains Norco, Oxycontin, Oxycodone, Skelaxin, Gabapentin, Cymbalta, and Trazodone. The injured worker notes that the Norco allows the injured worker to get out of bed and function daily, the Oxycontin and Oxycodone is used for severe flare-ups, Skelaxin assists with chronic muscle spasms without causing the injured worker to be sedated, Gabapentin is noted to decrease the injured worker's pain, and the Cymbalta with the Trazodone allows the injured worker to sleep "okay". The documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of injured worker's current medication

regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The treating physician requested Oxycontin 10mg with a quantity of 90 for chronic back pain, Oxycodone 10mg with a quantity of 180 as needed for pain, and Norco 10/325mg with a quantity of 540 for daily flares of pain related to work injury to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-71, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines: Opioids.

Decision rationale: According to ODG and MTUS, Oxycodone (Oxycontin) is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there was no documentation of functional improvement from previous usage of opioids to consider continuation of this medication. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not recommended. Therefore, the requested treatment is not medically necessary.

Oxycodone 10 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 79-81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines: Opioids.

Decision rationale: According to ODG and MTUS, Oxycodone (Oxycontin) is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the

duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not recommended. Therefore, the requested treatment is not medically necessary.

Norco 10/325 mg #540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines: Opioids.

Decision rationale: According to MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not recommended. Therefore, the requested treatment is not medically necessary.