

Case Number:	CM15-0105294		
Date Assigned:	06/09/2015	Date of Injury:	03/12/2003
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old male patient, who sustained an industrial injury on 3/12/2003. Diagnoses include thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc and chronic pain syndrome. Per the doctor's note dated 5/20/15, he had complaints of lower back pain with radiation to the right hip and right leg. Per the Primary Treating Physician's Progress Report dated 4/22/2015, he had lower back pain with radiation down the right hip rated as 8/10. Oxymorphone helps with breakthrough pain. Suboxone 2mg daily is insufficient for pain coverage. Physical examination revealed tenderness to palpation of the right and left paraspinal regions, normal range of motion and positive straight leg raising test on the right side. The medications list includes lidoderm patch, Suboxone, Gabapentin and Oxymorphone IR. He has had urine drug screen on 4/21/15 which was positive for hydrocodone and norhydrocodone; urine drug screen report on 4/10/15 and 3/24/15 with inconsistent results. The plan of care included medications and authorization was requested for Suboxone and Oxymorphone IR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 2 mg/0.5 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), N drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page 75-80 Buprenorphine page 26-27.

Decision rationale: Suboxone 2 mg/0.5 mg #60; Suboxone contains Buprenorphine hydrochloride and naloxone hydrochloride which is an opioid partial agonist- antagonist. According to CA MTUS guidelines cited below suboxone is recommended for, Treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex and Suboxone). Details of a history of opioid dependence are not specified in the records provided. A plan to discontinue narcotics is not specified in the records provided. According to CA MTUS guidelines cited below, A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that the patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. He has had urine drug screen on 4/21/15, which was positive for hydrocodone and norhydrocodone; urine drug screen report on 4/10/15 and 3/24/15 was with inconsistent results. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesics. The medical necessity of Suboxone 2 mg/0.5 mg #60 is not established for this patient, based on the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.

Oxymorphone IR 10 mg #150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EBN reference, Goodman and Gilman's The Pharmacological Basis of Therapeutics, Physician's desk reference, [www.rxlist.com]www.rxlist.com, ODG Workers compensation drug formulary, [www.odg-twc/formulary.htm]www.odg-twc/formulary.htm, Epocrates online www. online.epocrates.com, monthly prescribing reference, [www.empr.com-opioid]www.empr.com-opioid dose calculator-

Agency medical directors group dose calculator
[www.agencymeddirectors.wa.gov]www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page 75-80.

Decision rationale: Oxymorphone IR 10 mg #150; Oxymorphone is an opioid analgesic. According to the cited guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regard to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to an anti-depressant or lower potency opioid for chronic pain is not specified in the records provided. He has had urine drug screen on 4/21/15, which was positive for hydrocodone and norhydrocodone; urine drug screen report on 4/10/15 and 3/24/15 was with inconsistent results. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesics. The medical necessity of Oxymorphone IR 10 mg #150 is not established for this patient, based on the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.