

Case Number:	CM15-0130479		
Date Assigned:	07/16/2015	Date of Injury:	06/10/2002
Decision Date:	08/12/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 48-year-old male who sustained an industrial injury on 6/10/2002 resulting in low back and right knee pain. He is diagnosed with status post lumbar fusion L4-5 and L5-S1 and right knee pain. Treatment has included lumbar fusion L4-5 and L5-S1, right knee replacement, lumbar trigger point injections providing temporary 100% pain relief; Right knee Botox injections with good, temporary pain relief, right knee brace; spinal cord stimulator and physical therapy. The injured worker continues to report flare ups of uncontrolled back pain with numbness and tingling radiating down the left leg. The treating physician's plan of care includes a retroactive injection of Demerol, and prescriptions for Oxycodone and Oxycontin. Recent work status is not provided in documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 injection of Demerol 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Meperidine (Demerol) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meperidine Page(s): 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Meperidine.

Decision rationale: According to the MTUS, Meperidine is a narcotic analgesic, similar to morphine, and has been used to relieve moderate to severe pain. The MTUS does not recommend use of Demerol in chronic pain. The ODG states that Demerol should not be used in either chronic or acute pain. In this case, it appears the patient had a pain exacerbation, however, the use of Demerol is never indicated per the guidelines, and therefore the request is not considered medically necessary or appropriate.

Oxycodone 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing; Opioid Dosing Calculator; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably recommended weaning to facilitate appropriate discontinuation. Given the lack of clear evidence to support functional improvement on opioids, dosed at concerning levels when considering morphine equivalent dosing, and the chronic risk of continued treatment, the requests for Oxycontin and Oxycodone are not considered medically necessary.

Oxycontin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing; Opioid Dosing Calculator; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury,

consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably recommended weaning to facilitate appropriate discontinuation. Given the lack of clear evidence to support functional improvement on opioids, dosed at concerning levels when considering morphine equivalent dosing, and the chronic risk of continued treatment, the requests for Oxycontin and Oxycodone are not considered medically necessary.