MAXIMUS Federal Services

Case Number:	CM15-0137151		
Date Assigned:	07/27/2015	Date of Injury:	05/06/2005
Decision Date:	09/24/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/15/2015

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, North Carolina
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:

The injured worker is a 44 year old male, who sustained an industrial injury on May 6, 2005 while working as an apprentice lineman. The mechanism of injury was not found in the medical records. The injured worker has been treated for low back and knee complaints. The diagnoses have included lumbar intervertebral disc degeneration, arthralgia of the lower leg, disorder of skeletal muscle and major depressive disorder. Treatment and evaluation to date has included medications, radiological studies, MRI, bone scan, psychological testing, psychiatric assessments, epidural steroid injections, lumbar discectomy and laminectomy and a right knee arthroplasty. The injured worker is not working. Current documentation dated June 26, 2015 notes that the injured workers pain was going up as his medications were going down. The injured worker reported low back pain with radiation to the right buttock, right hip and right groin. The injured worker also noted increasing radicular pain down his lower extremities, worse on the right and intermittent mid and low back spasms. The pain was rated a four-five out of ten on the visual analogue scale with medications and a nine out of ten without medications. The injured worker also noted right knee pain. Examination of the lumbar spine revealed tenderness to palpation, a decreased and painful range of motion and spasms of the thoracic and lumbar paravertebral muscles bilaterally. There was evidence of trigger points with a twitch response noted on palpation. A straight leg raise was positive bilaterally. A FABER (flexion, abduction and external rotation) test was positive on the right. The treating physician's plan of care included requests for Oxycodone IR 5 mg # 90 and Morphine ER (MS Contin) 60 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg immediate release #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-80.

Decision rationale: CA MTUS supports the long-term use of opioids when there is documentation of pain relief and improved function allowing the patient to return to work. Ongoing opioid therapy is supported when the prescription is from a single practitioner, the medications are prescribed at the lowest possible dose and if there is ongoing review and documentation of pain relief, functional status, appropriate use and side effects. Oxycodone 5 mg immediate release is a short-acting opioid indicated for intermittent or breakthrough pain. The patient currently takes 147 Morphine Dose Equivalents (MDE)/day. The recommendation is for a maximum of 120 MDE/day. There is no quantifiable documentation of improved function with the use of Oxycodone. For the above reason, the request for Oxycodone is not medically necessary or appropriate.

Morphine ER (MS Contin) 60mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS supports the chronic use of opioids when decreased symptoms of pain and improved functionality allow the patient to return to work. Ongoing use must be supported by prescriptions from a single practitioner and are prescribed at the lowest possible dose. In addition, ongoing review and documentation of pain relief, functional status, appropriate medication usage and side effects must occur. There is no current evidence of non- opiate means of pain control. The date of injury was approximately 10 years ago. The patient is not working. The duration of opiate use is unclear. The patient is evidently a surgical candidate, however is fearful of surgery. In this case, the amount of opioids prescribed per day is excessive and the patient has been provided an opportunity to be weaned. Therefore this request is not medically necessary or appropriate.