

Case Number:	CM15-0138222		
Date Assigned:	07/28/2015	Date of Injury:	04/25/2009
Decision Date:	10/05/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 61 year old male who sustained an industrial injury on 04-25-2009. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having lumbar radiculopathy, lumbar facet syndrome, low back pain, knee pain, and shoulder pain. Treatment to date has included medications, facet blocks, and evaluative tests. Currently, the injured worker complains of mid back pain, lower backache, and bilateral shoulder pain. He rates his pain with medications as an 8 on a scale of 1-10, and without medications as a 10 on a scale of 1-10. His activity level has remained the same, and his quality of sleep is poor. He has no new complaints. Objectively, the worker ambulates without a device and his gait is normal. His range of motion of the cervical spine is limited in all planes. On examination of the paravertebral muscles he has bilateral spasm and tenderness. He has tenderness at the trapezius and cervical facet loading is positive on both sides. The lumbar spine has restricted flexion and extension. On palpation, spasm and tenderness is noted in the paravertebral muscles bilaterally and lumbar facet loading is positive on both sides. Straight leg raising test is positive on the right side sitting at 80 degrees. Inspection of the bilateral shoulders reveal no swelling, deformity, joint asymmetry or of atrophy. Movements are restricted. Drop arm test is negative. On sensory exam, light touch sensation is decreased over the L4 and L5 lower extremity dermatomes on the right side. The plan of care is to continue his medications at current doses, and there is a pending medial branch block for C4, C5, and C6 bilateral for positive facet pain. His medications of Oxycodone and Oxycontin afford him adequate and appropriate analgesia with improved quality of life and capability for activities of daily living. He exhibits no adverse behavior and has a signed opiate agreement on file. A request for

authorization was submitted for Oxycodone HCL IR 10mg #60, Oxycontin 15mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL IR 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing, Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

Decision rationale: The claimant sustained a work injury in April 2009 and continues to be treated for mid and low back pain and bilateral shoulder pain. When seen, medications are referenced as decreasing pain from 10/10 to 8/10. Despite this, the report references the claimant as describing medications as working well and without side effects. The assessment also references medications as optimizing function and activities of daily living. Physical examination findings included a normal BMI. There was decreased cervical and lumbar spine range of motion with tenderness and muscle spasms. Cervical and lumbar facet loading was positive. Right straight leg raising was positive. There was decreased shoulder range of motion bilaterally. There was decreased upper extremity strength and lower extremity sensation. Medications were refilled. OxyContin and oxycodone were prescribed at a total MED (morphine equivalent dose) of 75 mg per day. Prior assessments reference medications as providing decreased pain ranging from 1 to 2 VAS points. Oxycodone is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is consistently providing a clinically significant decrease in pain, and there are no specific examples of how it is providing an increased level of function or improved quality of life. Continued prescribing was not medically necessary.

Oxycontin 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58 Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole

RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. *Pain*. 2001 Nov; 94 (2):149-58.

Decision rationale: The claimant sustained a work injury in April 2009 and continues to be treated for mid and low back pain and bilateral shoulder pain. When seen, medications are referenced as decreasing pain from 10/10 to 8/10. Despite this, the report references the claimant as describing medications as working well and without side effects. The assessment also references medications as optimizing function and activities of daily living. Physical examination findings included a normal BMI. There was decreased cervical and lumbar spine range of motion with tenderness and muscle spasms. Cervical and lumbar facet loading was positive. Right straight leg raising was positive. There was decreased shoulder range of motion bilaterally. There was decreased upper extremity strength and lower extremity sensation. Medications were refilled. OxyContin and oxycodone were prescribed at a total MED (morphine equivalent dose) of 75 mg per day. Prior assessments reference medications as providing decreased pain ranging from 1 to 2 VAS points. OxyContin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is consistently providing a clinically significant decrease in pain, and there are no specific examples of how it is providing an increased level of function or improved quality of life. Continued prescribing was not medically necessary.