

Case Number:	CM15-0146882		
Date Assigned:	08/07/2015	Date of Injury:	10/30/1998
Decision Date:	09/24/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/28/2015

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:

This 64-year-old female sustained an industrial injury on 10-30-98. The injured worker suffered acute paralysis on 9-9-12 with resultant T4 incomplete spinal cord injury and bilateral extremity paraplegia. The injured worker had undergone extensive spine surgeries complicated by abdominal wound infections and ruptured viscus. Previous treatment included intrathecal pump, epidural steroid injections, ongoing physical therapy and medications. In a progress report dated 3-11-15, the injured worker reported being in much more pain than usual as the injured worker was weaning off Oxycontin and Norco. The injured worker felt horrible, could not sleep, was depressed and had fallen on several occasions with subsequent exacerbation to back pain. In a PR-2 dated 4-24-15, the physician stated that the injured worker was having severe and debilitating pain, muscle spasms and contractures occurring every 5 to 10 minutes. The injured worker had been seen in the Emergency Department on 3-20-15. The injured worker had a spinal tap and it was reported that she might have pneumonia. The physician noted that the injured worker remained on her current oral analgesic medications to maintain functional abilities and progressive physical therapy. The physician was also currently titrating her intrathecal medications. The injured worker required a home health aide 9 hours per day. Cervical spine magnetic resonance imaging (3-27-15) showed disc protrusion, disc herniations and foraminal stenosis. Thoracic spine magnetic resonance imaging (3-27-15) showed a wedge fracture at T9 and T10 with a displaced fragment narrowing the central cord. Current diagnoses included status post anterior cervical discectomy and fusion at C3-6, status post lumbar fusion, status post extension of lumbar fusion complicated by infection, extension of thoracic fusion,

upper extremity radiculopathy, depression, anxiety, spinal cord stimulator implant, revision of lumbar fusion, intrathecal Dilaudid pump, removal of thoracic screws and gastritis. The treatment plan included continuing home health aide services, a T12-L1 epidural steroid injections and medication refills (Oxycontin, Dilaudid, Norco, Neurontin, Baclofen, Prilosec, Zofran, Colace, Ambien, Effexor and Meloxicam), continuing intrathecal Dilaudid, Baclofen, bupivacaine, and continuing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 40 mg Qty 60, 2 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Oxycodone immediate release; Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86. Decision based on Non-MTUS Citation OxyContin Prescribing Information.

Decision rationale: The claimant has a remote history of a work-related injury in October 1998. Treatments have included multilevel spinal fusions with complications including an infection, a spinal cord stimulator, and an intrathecal drug delivery system. She developed paraplegia in September 2012. When seen, she was having debilitating pain. Her intrathecal medications were being titrated. She was in moderate distress. There was decreased spinal range of motion and findings consistent with an incomplete T4 spinal cord injury. There was decreased cervical spine range of motion with decreased upper extremity strength and sensation. Oral medications included Oxycontin, Norco, and Dilaudid at a total MED (morphine equivalent dose) of at least 200 mg per day. Oxycontin was being prescribed at 40 mg BID PRN. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed even exclusive of the claimant's intrathecal opioid medications is more than that recommended and the claimant has ongoing severe pain. Accepted Oxycontin dosing is at regular dosing intervals. It is not taken on an as needed basis. In this case, it is not being prescribed correctly. There is no evidence that this medication is providing an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.