

Case Number:	CM15-0161002		
Date Assigned:	08/31/2015	Date of Injury:	09/02/2011
Decision Date:	09/30/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/17/2015

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 is a 49 year old female, who sustained an industrial injury on 9-02-2011. Diagnoses include lumbar and sacral radiculopathy, degenerative disc disease lumbar, limb pain, left shoulder pain that may be radicular in nature, cervical radiculopathy, and thoracic pain and muscle spasms. Treatment to date has included surgical intervention with removal of hardware from the lumbar spine (11-2014), as well as conservative measures including medications, physical therapy and transcutaneous electrical nerve stimulation (TENS). Per the Primary Treating Physician's Progress Report dated 6-09-2015, the injured worker reported persistent neck pain with muscle spasms that are worse at night. She has not started physical therapy due to family stressors. She also reported mid back pain with muscle spasms. She reports benefit with TENS and states that her current medication regimen is providing modest relief and allowing improved activity levels most days. Physical examination of the lumbar spine revealed limited range of motion with no tenderness. Cervical spine examination revealed tenderness to palpation of the cervical paraspinal muscles with significant muscle spasms and moderately limited range of motion. The plan of care included medication management and authorization was requested for one follow-up visit, Dilaudid 4mg #120, Oxycontin 30mg #120 and Oxycodone 15mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: 120 Oxycontin 60mg DOS: 11/24/14: Upheld

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

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 rationale: The claimant sustained a work-related injury in September 2011 and underwent a lumbar fission with subsequent hardware removal in November 2011. OxyContin, oxycodone, and Dilaudid are being prescribed at a total MED (morphine equivalent dose) of over 600 mg per day. When seen, medications were providing modest relief on most days. There was a normal BMI. There was decreased cervical range of motion with muscle spasms and diffuse weakness and decreased left fifth finger sensation. There was limited lumbar range of motion. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than five times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of OxyContin at this dose is not medically necessary.

Retro: 240 Oxycodone 15mg DOS: 11/14/14: Upheld

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

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 rationale: The claimant sustained a work-related injury in September 2011 and underwent a lumbar fission with subsequent hardware removal in November 2011. OxyContin, oxycodone, and Dilaudid are being prescribed at a total MED (morphine equivalent dose) of over 600 mg per day. When seen, medications were providing modest relief on most days. There was a normal BMI. There was decreased cervical range of motion with muscle spasms and diffuse weakness and decreased left fifth finger sensation. There was limited lumbar range of motion. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than five times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of oxycodone at this dose is not medically necessary.

Retro: 120 Dilaudid 4mg DOS: 11/24/14: 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 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in September 2011 and underwent a lumbar fission with subsequent hardware removal in November 2011. OxyContin, oxycodone, and Dilaudid are being prescribed at a total MED (morphine equivalent dose) of over 600 mg per day. When seen, medications were providing modest relief on most days. There was a normal BMI. There was decreased cervical range of motion with muscle spasms and diffuse weakness and decreased left fifth finger sensation. There was limited lumbar range of motion. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than five times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of Dilaudid at this dose is not medically necessary.