

Case Number:	CM15-0161028		
Date Assigned:	08/31/2015	Date of Injury:	09/02/2011
Decision Date:	10/09/2015	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: New York
 Certification(s)/Specialty: Anesthesiology

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 September 2, 2011. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical radiculopathy, thoracic sprain and strain, lumbar degenerative disc disease, status post lumbar spine surgery in 2011 and on November 14, 2014, lumbar spine sprain and strain, lumbar radiculopathy, and left shoulder sprain and strain. Diagnostic studies to date have included: In October 2012, lumbar x-rays revealed scoliosis and post-op changes. In March 2013, a lumbar bone scan was unremarkable. In March 2014, a MRI of the thoracic spine was unremarkable. In March 2014, a MRI of the lumbar spine revealed status post anterior lumbar interbody fusion and posterior lumbar interbody fusion between L4 (lumbar 4) and S1 (sacral 1) without evidence of hardware failure or neural impingement. In June 2014, a MRI of the cervical spine revealed mild to moderate multilevel degenerative disc disease and a 4mm left disc-osteophyte complex at the C6-7 (cervical 6-7) with mild neural foraminal narrowing. On February 17, 2015, the treating physician noted that urine drug screening from August 6, 2014 and November 24, 2014 were consistent. Surgeries to date have included lumbar spine hardware removal in November 2014. Treatment to date has included a home exercise program and medications including short-acting and long-acting opioid analgesic, topical analgesic, anti-epilepsy, antidepressants, and glucosamine. There were no noted previous injuries or dates of injury. On February 8, 2015, the injured worker reported constant 7 out of 10 neck pain radiating to the left upper extremity with numbness and tingling, constant 4 out of 10 mid back pain, constant 7-8 out of 10 low back pain

radiating to the right lower extremity, and constant 5 out of 10 left shoulder pain. The physical exam revealed decreased cervical, lumbar, and left shoulder range of motion. Her work status is temporarily very disabled. On March 20, 2015, the injured worker reported constant 7-8 out of 10-neck pain radiating to the left upper extremity with numbness and tingling, constant 6 out of 10 mid back pain, constant 5-6 out of 10 low back pain and constant 8-9 out of 10 left shoulder pain. She reported continued improvement of her low back symptoms following surgery, but continued to experience residual flare-up depending on her activity level. The physical exam revealed decreased cervical range of motion, tenderness to palpation along the bilateral upper trapezii muscles with palpable spasms and bilateral Spurling's tests were negative. There was decreased left shoulder range of motion, tenderness to palpation along the trapezius muscle with palpable spasms and bilateral Spurling's tests were negative. There was decreased lumbar range of motion, tenderness to palpation along the lumbar spine, palpable spasms of the bilateral paravertebral muscles, and positive bilateral straight leg raise. The requested treatments included Oxycontin, Oxycodone, and Ativan.

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 9/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend Oxycontin, a long-acting opioid, to provide continuous, around-the-clock management of moderate to severe pain. In addition, the CMTUS guidelines recommend that the dosing of opioids does "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents." The injured worker was taking Oxycontin and Oxycodone, a short-acting opioid, for her chronic pain. The morphine equivalent dose per day of Oxycontin is 360 mg, which significantly exceeds the guidelines recommendations. The morphine equivalent dose per day of Oxycodone is 180, which exceeds the guidelines recommendations. The combined morphine equivalent dose of these two opioids is 540, which significantly exceeds the guidelines recommendations. There was lack of evidence of a pain management consultation prior to increasing the total daily dose of opioid above 120 mg oral morphine equivalents. In addition, there is a lack of functional improvement with the treatment already provided. Medical necessity for the requested medication was not established. The requested Oxycontin was not medically necessary.

Retro: 240 Oxycodone 15mg DOS 9/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, Oxycodone is a short-acting opioid medication used for the treatment of chronic pain. The CMTUS guidelines recommend that the dosing of opioids does "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents." The injured worker was taking Oxycodone and Oxycontin, a long-acting opioid, for her chronic pain. The morphine equivalent dose per day of Oxycodone is 180, which exceeds the guidelines recommendations. The morphine equivalent dose per day of Oxycontin is 360 mg, which significantly exceeds the guidelines recommendations. The combined morphine equivalent dose of these two opioids is 540, which significantly exceeds the guidelines recommendations. There was lack of evidence of a pain management consultation prior to increasing the total daily dose of opioid above 120 mg oral morphine equivalents. In addition, there is a lack of functional improvement with the treatment already provided. Medical necessity for the requested medication was not established. The requested Oxycodone was not medically necessary.

Retro: 30 Oxycodone 30mg DOS 9/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, Oxycodone is a short-acting opioid medication used for the treatment of chronic pain. The CMTUS guidelines recommend that the dosing of opioids does "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents." The injured worker was taking Oxycodone and Oxycontin, a long-acting opioid, for her chronic pain. The morphine equivalent dose per day of Oxycodone is 180, which exceeds the guidelines recommendations. The morphine equivalent dose per day of Oxycontin is 360 mg, which significantly exceeds the guidelines recommendations. The combined morphine equivalent dose of these two opioids is 540, which significantly exceeds the guidelines recommendations. There was lack of evidence of

a pain management consultation prior to increasing the total daily dose of opioid above 120 mg oral morphine equivalents. In addition, there is a lack of functional improvement with the treatment already provided. Medical necessity for the requested medication was not established. The requested Oxycodone was not medically necessary.

Retro: 120 Oxycontin 60mg DOS 8/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend Oxycontin, a long-acting opioid, to provide continuous, around-the-clock management of moderate to severe pain. In addition, the CMTUS guidelines recommend that the dosing of opioids does "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents." The injured worker was taking Oxycontin and Oxycodone, a short-acting opioid, for her chronic pain. The morphine equivalent dose per day of Oxycontin is 360 mg, which significantly exceeds the guidelines recommendations. The morphine equivalent dose per day of Oxycodone is 180, which exceeds the guidelines recommendations. The combined morphine equivalent dose of these two opioids is 540, which significantly exceeds the guidelines recommendations. There was lack of evidence of a pain management consultation prior to increasing the total daily dose of opioid above 120 mg oral morphine equivalents. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. In addition, there is a lack of functional improvement with the treatment already provided. Medical necessity for the requested medication was not established. The requested Oxycontin was not medically necessary.

Retro: 240 Oxycodone 15mg DOS 8/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, Oxycodone is a short-acting opioid medication used for the treatment of chronic pain. The CMTUS guidelines recommend that the dosing of opioids does "not exceed 120 mg oral

morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents." The injured worker was taking Oxycodone and Oxycontin, a long-acting opioid, for her chronic pain. The morphine equivalent dose per day of Oxycodone is 180, which exceeds the guidelines recommendations. The morphine equivalent dose per day of Oxycontin is 360 mg, which significantly exceeds the guidelines recommendations. The combined morphine equivalent dose of these two opioids is 540, which significantly exceeds the guidelines recommendations. There was lack of evidence of a pain management consultation prior to increasing the total daily dose of opioid above 120 mg oral morphine equivalents. In addition, there is a lack of functional improvement with the treatment already provided. In addition, there is a lack of functional improvement with the treatment already provided. Medical necessity for the requested medication was not established. The requested Oxycodone was not medically necessary.

Retro: 4 Ativan 1mg DOS 8/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Lorazepam.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Lorazepam; Benzodiazepines; Anxiety medications in chronic pain.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, benzodiazepines are recommended for short-term use (limited to 4 weeks use by most guidelines) due to long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines have sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant effects. Chronic benzodiazepines are the treatment of choice in very few conditions. The tolerance of the hypnotic effects of benzodiazepines develops rapidly, tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety. "A more appropriate treatment for anxiety disorder is an antidepressant". Per the Official Disability Guidelines (ODG), treatment with anxiety medications should be based on specific DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition) diagnosis. The Official Disability Guidelines (ODG) does not recommend the use of Ativan (Lorazepam). There was a lack of documentation of the injured worker experiencing anxiety symptoms or having a specific DSM-IV diagnosis. In addition, there is a lack of functional improvement with the treatment already provided. Medical necessity for the requested medication was not established. The requested Ativan was not medically necessary.