

Case Number:	CM15-0163617		
Date Assigned:	08/31/2015	Date of Injury:	05/29/1992
Decision Date:	09/30/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/20/2015

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 60 year old male who sustained an industrial-work injury on 5-29-92. He reported an initial complaint of neck and low back pain. The injured worker was diagnosed as having failed neck surgery syndrome, cervical DDD (degenerative disc disease), cervical radiculopathy, cervical myofascial pain syndrome, obesity, depressive disorder, occipital neuralgia, and chronic pain. Treatment to date includes medication and intrathecal medication pump. Currently, the injured worker complained of back and neck pain. Per the pain management report on 7-29-15, exam noted an antalgic gait, and normal posture. Exam on 7-21-15 notes normal vital signs, pain scale rating of 6 out of 10, 50 percent relief of pain from pump from the low back and neck regions. Medication via pump was Morphine 15 mg per ml at 4.4 mg per day. The requested treatments include Oxycontin 80mg and Roxicodone 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #168: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-acting 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 has a remote history of a work injury occurring in May 1992 and continues to be treated for neck and back pain. Current treatments include an intrathecal opioid pump with medications including morphine. When seen, there was a BMI of nearly 30. There was diffuse cervical spine and facet tenderness. There was diffuse lumbar tenderness with spasms and decreased and painful range of motion. There was an antalgic gait with normal strength, sensation, and reflexes. OxyContin and Roxicodone were prescribed. The total MED (morphine equivalent dose) of his oral opioid medications was 900 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed through the claimant's oral medications is more than 7 times that recommended and he is also receiving intrathecal morphine. There are no unique features of this case that would support dosing at this level, and attempts at weaning of the currently prescribed medications are not being actively done. Ongoing prescribing at this dose is not medically necessary.

Roxicodone 30mg #112: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of 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 has a remote history of a work injury occurring in May 1992 and continues to be treated for neck and back pain. Current treatments include an intrathecal opioid pump with medications including morphine. When seen, there was a BMI of nearly 30. There was diffuse cervical spine and facet tenderness. There was diffuse lumbar tenderness with spasms and decreased and painful range of motion. There was an antalgic gait with normal strength, sensation, and reflexes. OxyContin and Roxicodone were prescribed. The total MED (morphine equivalent dose) of his oral opioid medications was 900 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed through the claimant's oral medications is more than 7 times that recommended and he is also receiving intrathecal morphine. There are no unique features of this case that would support dosing at this level, and attempts at weaning of the currently prescribed medications are not being actively done. Ongoing prescribing at this dose is not medically necessary.