

Case Number:	CM15-0168052		
Date Assigned:	09/08/2015	Date of Injury:	10/16/2001
Decision Date:	10/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/26/2015

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 63 year old male who sustained an industrial injury on 10-16-2001 when a concrete block fell on him. The injured worker was diagnosed with chronic low back pain and lumbar radiculopathy. The injured worker is status post L4-S1 lumbar fusion and hardware removal (no dates documented). Past treatments that were documented consist of diagnostic testing, surgery, physical therapy, chiropractic therapy, massage, acupuncture therapy (at least 12 from April 2015 to June 2015) and medication. The requested treatment for IMR was initially reviewed by the Utilization Review on 08-26-2015. According to the treating physician's report dated August 19, 2015, the injured worker continues to experience chronic low back pain radiating into the right leg associated with numbness and tingling. The injured worker rated his current pain level at 7 out of 10 on the pain scale. The injured worker reported his pain is aggravated by prolonged standing, sitting and cold weather. The injured worker is currently taking Oxy IR 5 times a day which brings his pain level from 8-9 out of 10 to a 4-5 out of 10 with relief for 3-4 hours. The most recent urine drug screen in Dec 2014 was consistent for prescribed medications according to the medical record. He has failed Gabapentin, Tramadol and Lyrica. Observation by the provider noted a normal gait and the injured worker ambulates without assistive devices. Examination demonstrated moderate bilateral lumbar paraspinal muscle tenderness to palpation with normal flexion and limited extension at 10 degrees causing him to grimace. Documentation noted weaknesses in the right ankle plantar flexion at 4 out of 5. Patellar reflex was 1+ out of 4 on the right, 2+ out of 4 on the left and ankle reflexes 2+ out of 4 bilaterally. Lower extremity pulses and sensation were intact. Current medications were noted as

OxyContin IR 5mg, Zohydro ER 10mg and Ibuprofen. The injured worker declined Toradol intramuscularly at the office visit. The treatment plan consists of increasing Zohydro, Oxy IR for break through pain and taper if possible and the current request for Zohydro ER 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro ER 15mg Qty: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury in October 2001 and is being treated for radiating low back pain after a lumbar fusion with subsequent hardware removal. OxyIR is referenced as decreasing pain from 8-9/10 to 4-5/10 with improved activities of daily living. When seen, he had not noted pain relief from Zohydro, which had been prescribed at the previous visit. Pain was rated at 7/10. Physical examination findings included moderate paraspinal muscle tenderness with decreased and painful lumbar extension. There was a decreased right Achilles reflex. The Zohydro dose was increased to 15 mg. The total MED (morphine equivalent dose) was less than 70 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Zohydro is a sustained release opioid used for treating baseline pain. In this case, the dose was being increased when the claimant was having ongoing moderate to severe pain. There were no identified issues of abuse or addiction and the total MED prescribed remained less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.