

Case Number:	CM15-0182774		
Date Assigned:	09/23/2015	Date of Injury:	10/24/2011
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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 39-year-old male, who sustained an industrial injury on 10-24-2011. The injured worker was being treated for nausea, chronic pain syndrome, low back pain, lumbar degenerative disc disease, lumbar radiculitis, muscle pain, and weakness. On 8-25-2015, the injured worker reported worsening of his chronic low back and leg pain, which he attributes to stress due to family issues. Prolonged sitting, standing, walking, bending, and lifting, worsens his pain. Medications and changing positions improve his pain. His pain is rated 9 out of 10 without medications and 7 out of 10 with medications. Current medications include Fentanyl patch, Roxicodone (since at least May 2015), Intermezzo, and Zofran as needed nausea associated with oral medications. The physical exam (8-25-2015) revealed bilateral lower extremities muscle strength of 5 out of 5, decreased sensation in the right lateral upper leg, moderate tenderness over the right paraspinal muscles and implantable pulse generator, and no redness, swelling, or warmth over the implantable pulse generator. There were positive bilateral straight leg raises and increased pain with flexion and extension. Per the treating physician (8-25-2015 report), a urine drug screen performed on 6-25-2015 was positive for Oxycodone and negative for Fentanyl. The injured worker was not sure why the test was negative as he wears the Fentanyl patch every day. Surgeries to date have included right L4-5 (lumbar 4-5), right L5-S1 (lumbar 5-sacral 1) lumbar laminectomy, discectomy in 2012, and spinal cord stimulator in 2013. Treatment has included a home exercise program, spinal cord stimulator adjustment, an H-wave unit, and medications including oral pain, topical pain, antiemetic, anti-epilepsy, antidepressant, and hypnotic. Per the treating physician (8-25-2015 report), the injured worker has work restrictions of no lifting over 20 pounds and no bending, stooping, or squatting.

However, he is not currently working. On 8-26-2015, the requested treatments included Roxycodone 15mg number one hundred and twenty (#120). On 9-8-2015, the original utilization review partially approved a request for Roxycodone 15mg (#90) (original request for #120) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxycodone 15mg number one hundred and twenty (#120): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. *Pain*. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for chronic low back and lower extremity pain including a diagnosis of post-laminectomy syndrome. He uses a spinal cord stimulator. Medications are referenced as decreasing pain from 9/10 to 6-7/10. Assessments reference improved ability to function including housework, activities of daily living, and driving. The requesting provider is aware of the MED (morphine equivalent dose) and references weaning to the lowest effective dose. In May 2015, Opana ER had been denied and Duragesic was prescribed. When seen, he was requesting adjustment of the spinal cord stimulator. Physical examination findings included a body mass index of 38. There was decreased right lower extremity sensation with positive straight leg raising bilaterally. There was moderate right lumbar paraspinal muscle tenderness and increased pain with flexion and extension. Medications were refilled. Fentanyl and oxycodone were prescribed at a total MED of 120 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management with a diagnosis of post-laminectomy syndrome. Medications are providing what is considered a clinically significant decrease in pain and improved activities of daily living and activity tolerance. The total MED is 120 mg per day consistent with guideline recommendations and weaning to the lowest effective dose is referenced. Continued prescribing was medically necessary.