

Case Number:	CM15-0184952		
Date Assigned:	09/25/2015	Date of Injury:	11/15/2010
Decision Date:	11/02/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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 34 year old female, who sustained an industrial injury on November 15, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar contusion, chronic pain syndrome, post-laminectomy pain syndrome lumbar and lumbar radiculopathy. Treatment to date has included medication, physical therapy, epidural steroid injections and surgery. These treatments were noted to provide "suboptimal" pain relief. The injured worker reported "improved" pain relief with acupuncture. She tried a spinal cord stimulator trial with "minimal" pain relief along with swelling in her lower extremities that was possibly due to metal allergy from the leads. On August 25, 2015, the injured worker complained of pain in her lower back with radiation to the bilateral legs. Her pain was described as constant, sharp and shooting. The pain was rated as a 10 on a 1-10 pain scale without medications and as a 6 on the pain scale with medications. On the day of exam, her current medication regimen included Baclofen, Cymbalta, Oxycontin and Roxicodone. She reported 40% pain relief with the current medications. Urine drug screen was noted to be consistent with the prescribed medications. The treatment plan included Oxycodone, oxymorphone ER, consideration for chiropractic therapy, Cymbalta and a follow-up visit. On September 4, 2015, utilization review denied a request for Oxycodone 15mg #180 and Oxymorphone ER 20mg #60. A request for a urine drug screen was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg 1 po q 4 hrs #180: Overturned

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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Weaning of Medications.

Decision rationale: The claimant sustained a work injury in November 2010 and is being treated for chronic pain as the results of a fall with a history of a lumbar fusion in 2012 without pain relief and with treatments including physical therapy, epidural steroid injections, a spinal cord stimulator, and medications. Medications are referenced as decreasing pain from 10/10 to 6-7/10. OxyContin and Roxicodone were being prescribed at a total MED (morphine equivalent dose) of 270 mg per day. Her OxyContin had been denied. Physical examination findings included positive straight leg raising bilaterally. There was severe pain with lumbar extension and lumbar trigger points were present. Roxicodone was continued and extended release oxymorphone was prescribed. The total MED was 210 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. In this case, opioid medications are being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. However, guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day and the total MED being prescribed is more than 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. However, the new MED represent an appropriate decrease consistent with weaning of her opioid medication. Continued weaning would be expected with a target MED of 120mg or less which could be achieved with weaning and discontinuance of the Roxicodone or a combination of decreases in both medications. For these reasons, the request can be accepted as being medically necessary.

Oxymorphone ER 20mg q 12 hrs #60: Overturned

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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Weaning of Medications.

Decision rationale: The claimant sustained a work injury in November 2010 and is being treated for chronic pain as the results of a fall with a history of a lumbar fusion in 2012 without pain relief and with treatments including physical therapy, epidural steroid injections, a spinal cord stimulator, and medications. Medications are referenced as decreasing pain from 10/10 to 6-7/10.

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