

Case Number:	CM15-0188336		
Date Assigned:	09/30/2015	Date of Injury:	04/03/1997
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 58 year old male who reported an industrial injury on 4-3-1997. His diagnoses, and or impressions, were noted to include: thoracic 8-9 disc bulge; lumbar pain with left lumbosacral radiculopathy; chronic cervical disc protrusions; motor weakness right wrist in dorsiflexion; and reactive, severe depression with intermittent suicidal ideations. No current imaging studies were noted. His treatments were noted to include: magnetic resonance imaging of the cervical spine (12-22-14), noting central stenosis and right foraminal compromise; trigger point injections; intramuscular injection therapy; trans-cutaneous electrical stimulation unit therapy; physical therapy; psychological treatment; exercises; and medication management with toxicology studies (3-19-15). The progress notes of 8-27-2015 reported complaints which included: that he was in a very depressed mood - unchanged; that he had received very good pain relief from the cervical epidural, but that it had worn off; unchanged cervical spine pain rated 3-7 out of 10, that radiated to his right hand and pinky; unchanged mid-spine pain rated 5-7 out of 10; fewer migraines because of Topamax and the epidural; and unchanged worsening mid-back pain that was partially relieved by ice therapy. The objective findings were noted to include unchanged: triggers present cervico-scapular, and para-thoracic which twitched and radiated; decreased cervical range-of-motion; decreased right wrist motor strength with dorsiflexion; pain at thoracic 8-9; and that he was doing well considering the complexity of his problems. The physician's requests for treatment were noted to include the continuation of Oxycontin and hydrocodone because they continue to help with his chronic pain and control his pain flares. The Request for Authorizations, dated 9-9-2015, was noted to include Oxycontin 40 mg, use up to 3

x a day for chronic pain, #180; and Hydrocodone-Acetaminophen 10-325 mg, take 1 tab up to 6 x a day for breakthrough pain, #180. The Utilization Review of 9-16-2015 non-certified the request for Hydrocodone-acetaminophen 10-325 mg, 1 tab up to 6 x a day, for breakthrough pain, #180; and Oxycontin 40 mg, use 3 x a day, for chronic pain, #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg #180: 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, criteria for use, Opioids for chronic pain, Opioids, dosing.

Decision rationale: Hydrocodone-Acetaminophen 10/325mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends that opioid dosing 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. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long term, high dose (over 120mg morphine equivalents daily) opioids without significant evidence of objective functional improvement therefore the request for Hydrocodone-Acetaminophen is not medically necessary.

Oxycontin 40mg #180: 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, criteria for use, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: Oxycontin 40mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends that opioid dosing 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. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last

assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long term, high dose (over 120mg morphine equivalents daily) opioids without significant evidence of objective functional improvement therefore the request for Oxycontin is not medically necessary.