

Case Number:	CM15-0200750		
Date Assigned:	10/20/2015	Date of Injury:	10/13/1998
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/14/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 10-13-98. The injured worker is diagnosed with shoulder joint pain, lower leg pain, lumbar degenerative disc disease, lumbar disc bulge and lumbar facet arthropathy. His work status is temporary total disability. Notes dated 7-2-15 and 8-27-15 reveals the injured worker presented with complaints of right shoulder and bilateral knee pain. He also reports low back pain that radiates to his bilateral lower extremities. His pain is rated at 6-9 out of 10 (activity dependent). Physical examinations dated 5-7-15, 7-2-15 and 8-27-15 revealed numbness at the lateral aspect of his thighs and decreased sensation to touch and pinprick. The lumbar spine examination reveals tenderness at the facet area and positive facet loading test bilaterally. The right shoulder examination reveals tenderness and decreased range of motion. The bilateral knees examination reveals decreased range of motion, due to pain, crepitus and swelling. Per notes dated 5-7-15, 7-2-15 and 8-27-15 Oxy IR (was 5 mg since at least 3-2015 and increased to 10 mg on 8-27-15) reduces his pain from 10 out of 10 to 6 out of 10, Soma, OxyContin, Naproxen, Cymbalta, Amitriptyline, Lidoderm Patches (since at least 3-2015) and Gabapentin decreases his pain by 30-40% and allows the injured worker to maintain his functionality (riding his bike 2-3 minutes, riding stationary bike 5-10 minutes and walking ¾ of a mile throughout the week). He reports he would be in excruciating pain and would be unable to get out of bed without his medications. He has experienced therapeutic failure on Baclofen, Robaxin, Skelaxin, Norco, Tramadol, Methadone, Morphine, Opana and Xanax. The injured worker uses a cane for stability; TENS unit is beneficial per note dated 7-2-15; physical therapy and epidural steroid injections and

trigger point injections were not beneficial per note dated 8-27-15. Diagnostic studies include a urine drug screen dated 6-4-15, which is appropriate per note dated 7-2-15. A request for authorization dated 8-1-15 for Oxy IR 10 mg #90 is modified to #45, per Utilization Review letter dated 9-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 10mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker is currently prescribed two opioid medications and his daily opioid dose exceeds the recommended 120mg oral morphine equivalent. Additionally, this medication has previously been approved for weaning only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxy IR 10mg, #90 is not medically necessary.