

Case Number:	CM15-0028278		
Date Assigned:	02/20/2015	Date of Injury:	09/26/2001
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/13/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 60 year old male, who sustained a work related injury on 9/26/01. The diagnoses have included lumbosacral disc disease, lumbosacral spondylosis, post lumbar laminectomy syndrome, intractable pain and sciatica. Treatments to date have included oral medications and lumbar spine surgery. In the follow-up office note dated 1/12/15, the injured worker complains of constant, persistent low back pain and insomnia. He states it is worse with the cold weather. He states pain is worse in the morning and evening. The pain score was rated at 7-10/10 on a scale of 0 to 10. He is walking for exercise. He has tenderness to palpation of low back with muscle spasms. There was tenderness on palpation of the greater and lesser occipital nerve areas. The current medications listed Soma, Temazepam, Ambien, Lidoderm, Neurontin, Zanaflex, Clonidine, OxyContin and MSIR. The UDS was noted to be consistent with prescribed medications. On 1/20/15, Utilization Review modified requests for Oxycontin 80mg., #210 to Oxycontin 80mg., #150, Oxycontin 40mg., #60 to Oxycontin 40mg., #15 and MSIR 30mg., #210 to MSIR 30mg., #120. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of high dose opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction, and adverse interactions with other sedative medications. The records indicate that the patient had been on high dose opioids medications for many years. There is documentation of persistent high pain scores, pain behavior, decreased ADL and insomnia despite escalating doses of opioids and sedative medications. This is indicative of opioid induced hyperalgesia. The total opioids dosage is more than 10 times the guidelines recommended dosage for the treatment of non malignant pain. There is increased risk of potentially fatal adverse effects because the patient is utilizing multiple sedatives and muscle relaxants with sedative actions concurrently with the very high dosage of opioids. The criteria for the use of Oxycontin 80mg #210 was not met. The guidelines recommend that patients on very high dose opioids who are also utilizing other addictive medications be referred to Pain Programs or Addiction centers for safe weaning.

Oxycontin 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of high dose opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction, and adverse interactions with other sedative medications. The records indicate that the patient had been on high dose opioids medications for many years. There is documentation of persistent high pain scores, pain behavior, decreased ADL and insomnia despite escalating doses of opioids and sedative medications. This is indicative of opioid induced hyperalgesia. The total opioids dosage is more than 10 times the guidelines recommended dosage for the treatment of non malignant pain. There is increased risk of potentially fatal adverse effects because the patient is utilizing multiple sedatives and muscle relaxants with sedative actions concurrently with the very high dosage of opioids. The criteria for the use of Oxycontin 40mg #60 was not met. The guidelines recommend that patients on very high dose opioids who are also utilizing other addictive medications be referred to Pain Programs or Addiction centers for safe weaning.

MSIR 30mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 46, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of high dose opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction, and adverse interactions with other sedative medications. The records indicate that the patient had been on high dose opioids medications for many years. There is documentation of persistent high pain scores, pain behavior, decreased ADL and insomnia despite escalating doses of opioids and sedative medications. This is indicative of opioid induced hyperalgesia. The total opioids dosage is more than 10 times the guidelines recommended dosage for the treatment of non malignant pain. There is increased risk of potentially fatal adverse effects because the patient is utilizing multiple sedatives and muscle relaxants with sedative actions concurrently with the very high dosage of opioids. The criteria for the use of MSIR 30mg #210 was not met. The guidelines recommend that patients on very high dose opioids who are also utilizing other addictive medications be referred to Pain Programs or Addiction centers for safe weaning.