

Case Number:	CM15-0040002		
Date Assigned:	03/10/2015	Date of Injury:	03/23/2004
Decision Date:	04/17/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/03/2015

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 45-year-old female, who sustained an industrial injury on 03/23/2004. She has reported injury to the lower back. The diagnoses have included lumbago; post laminectomy pain syndrome of lumbar spine; and lumbar radiculopathy. Treatment to date has included medications, epidural steroid injections, spinal cord stimulator, and surgical intervention. Medications have included Percocet, Oxycontin, Amrix, Dexilant, and Lidoderm patches. A progress note from the treating physician, dated 02/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain with radiation down the left lower extremity into the foot; some radiation down the right lower extremity; associated numbness of the bilateral lower extremities; and pain is rated at 7/10 on the visual analog scale. Objective findings included antalgic gait. The treatment plan included continuation of prescription medications due to significant analgesia and functional benefit. Request is being made for Percocet and for Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included lumbar spine surgery and there is a diagnosis of post-laminectomy syndrome. Medications being prescribed include Oxycontin 60 mg two times per day and Percocet 5/325 mg 1-2 to 3 times per day. The total MED (morphine equivalent dose) is over 200 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.

Oxycontin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included lumbar spine surgery and there is a diagnosis of post-laminectomy syndrome. Medications being prescribed include Oxycontin 60 mg two times per day and Percocet 5/325 mg 1-2 to 3 times per day. The total MED (morphine equivalent dose) is over 200 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.