

Case Number:	CM15-0054117		
Date Assigned:	03/27/2015	Date of Injury:	06/25/2001
Decision Date:	05/14/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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

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 58-year-old female who reported an injury on 06/25/2001. The mechanism of injury was not provided. The documentation of 02/18/2015 revealed the injured worker had chronic low back pain, bilateral hip pain and foot pain status post multiple lumbar fusions, bilateral plantar fascial release and tarsal tunnel release. The injured worker indicated that injections had helped. Without medications the pain was 10/10. With medications the injured worker indicated her pain decreased, function decreased and she became more active. The injured worker indicated the medications improved pain by 75% and activities of daily living improved including housework, sitting in her car and standing longer. The injured worker indicated she could walk and sleep better with medications. The diagnoses included chronic low back pain, status post bilateral plantar fascial release, tarsal tunnel release, bilateral tarsal tunnel release, and instabilities spondylolisthesis L2-3 grade 2. The treatment plan included requesting a lumbar epidural steroid injection for the left side at L5-S1 times 1. The treatment plan included a refill of OxyContin 20 mg 1 tablet by mouth 3 times a day, Toradol injection, and a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain. Ongoing management. Opioid dosing Page(s): 60,78,86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The daily morphine equivalent dosing would be 175 mg which exceeds guideline recommendations. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and there was documentation of objective functional improvement and an objective decrease in pain. However, there was a lack of documentation indicating the injured worker was being monitored for drug side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for OxyContin 20 mg #90 is not medically necessary.

Neurontin 600mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Neurontin 600 mg #120 is not medically necessary.

Klonopin 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or

physiological dependence. The rationale for the requested medication was not provided. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation of exceptional factors, the request for Klonopin 1 mg #30 is not medically necessary.

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain. Ongoing management. Opioid dosing Page(s): 60,78,86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The daily morphine equivalent dosing would be 175 mg which exceeds guideline recommendations. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and there was documentation of objective functional improvement and an objective decrease in pain. However, there was a lack of documentation indicating the injured worker was being monitored for drug side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 10/325 mg #120 is not medically necessary.