

Case Number:	CM15-0055203		
Date Assigned:	03/30/2015	Date of Injury:	02/10/2011
Decision Date:	05/04/2015	UR Denial Date:	03/11/2015
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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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 70 year old male, who sustained an industrial injury on 02/10/2011. He has reported subsequent back pain and was diagnosed with discogenic lumbar condition with radicular component down the lower extremities, spinal stenosis and facet arthrosis. Treatment to date has included oral pain medication, bracing, application of heat and ice and a TENS unit. In a progress note dated 01/21/2015, the injured worker complained of back pain with shooting pain down the lower extremities. Objective findings were notable for tenderness along the lumbosacral spine and SI joints and pain with straight leg raise at 40 degrees. A request for authorization of Oxycodone/APAP and Morphine Sulfate refills was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycod/APAP tablet 10/325 mg 30 day supply #120 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-pain opioids for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 75-79.

Decision rationale: Per MTUS: Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short acting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco), Hydromorphone (Dilaudid, Hydrostat). (Baumann, 2002) This patient had chronic pain issues which are being treated with this medication, used for short term pain control. It would not be indicated for this patient.

Morphine Sulfate extended release tab 30 mg 30 day supply #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-pain, opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 74-79.

Decision rationale: Per MTUS: Pure-agonists: include natural and synthetic opioids such as morphine sulfate (MS Contin), hydromorphone (Dilaudid), oxymorphone (Numorphan), levorphanol (Levo-Dromoran), codeine (Tylenol w/Codeine 3), hydrocodone (Vicodin), oxycodone (OxyContin), methadone (Dolophine HCl), and fentanyl (Duragesic). This group of opioids does not have a ceiling effect for their analgesic efficacy nor do they antagonize (reverse) the effects of other pure opioids. (Baumann, 2002) Morphine is the most widely used type of opioid analgesic for the treatment of moderate to severe pain due to its availability, the range of doses offered, and its low cost. Partial agonists-antagonists: agents that stimulate the analgesic portion of opioid receptors while blocking or having little or no effect on toxicity. This group of opiates includes buprenorphine (Suboxone). Partial agonists-antagonists have lower abuse potential than pure agonists, however the side effects of this class of analgesics include hallucinations and dysphoria. Opioid antagonists such as naloxone are included in this class. They are most often used to reverse the effects of agonists and agonist-antagonist derived opioids. (Baumann, 2002) Mixed agonists-antagonists: another type of opiate analgesics that may be used to treat pain. They include such drugs as butorphanol (Stadol), dezocine (Dalgan), nalbuphine (Nubain) and pentazocine (Talwin). (Baumann, 2002) Mixed agonists-antagonists have limited use among chronic pain patients because of their ceiling effect for analgesia that results in the analgesic effect not increasing with dose escalation. Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Side effects are similar to traditional opioids. This patient had chronic pain issues and did not have improvement of symptoms while on this medication. A process of weaning should be initiated.