

Case Number:	CM15-0055964		
Date Assigned:	04/01/2015	Date of Injury:	07/12/2010
Decision Date:	05/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old male, who sustained an industrial injury on 7/12/2010. Diagnoses include cervical sprain/strain, lumbosacral sprain/strain, lumbar degenerative disc disease and myofascial pain syndrome. Treatment to date has included rest, NSAIDs, physical therapy, muscle relaxants, opiates, anti-epilepsy drugs (AEDs) and epidural steroid injections (ESI). Per the Primary Treating Physician's Progress Report dated 4/06/2015, the injured worker reported neck, bilateral knee and low back pain. He has neck pain with radiation down to both shoulders. Lower back pain radiates to the left hip. The pain is constant. His pain level without medications is rated as 10/10. Pain level with medication is 4/10. Physical examination revealed 5/5 strength in the bilateral upper and lower extremities. There was full range of motion upon cervical flexion and extension, negative Spurling's bilaterally and severe palpable spasms of the bilateral lumbar paraspinous musculature with positive twitch response left greater than right. There was moderate pain with lateral bending and straight leg raise test was negative bilaterally. The plan of care included medications and authorization was requested for Celebrex, Cymbalta, Percocet and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing; Ongoing management Page(s): 86 and 78-80. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule?Definitions- f- functional improvement.

Decision rationale: Percocet 10/325mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. Opioids without clear evidence of the considerations and expectations found in the MTUS and similar guidelines. Prescribing of opioids for chronic pain without a very specific treatment plan based on functional improvement predictably results in patients with sustained poor function, high pain levels, dependency on opioids, and significant opioid side effects. Furthermore, the MTUS recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. The documentation indicates that the patient has a MED which exceeds the 120mg oral morphine equivalents. Furthermore, the documentation indicates that the patient has been on long term Percocet without significant evidence of functional improvement as defined by the MTUS. For all of these reasons the request for Percocet is not medically necessary.

Oxycontin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing; Ongoing management Page(s): 86 and 78-80. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule?Definitions- f- functional improvement.

Decision rationale: Oxycontin 30mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. Opioids without clear evidence of the considerations and expectations found in the MTUS and similar guidelines. Prescribing of opioids for chronic pain without a very specific treatment plan based on functional

improvement predictably results in patients with sustained poor function, high pain levels, dependency on opioids, and significant opioid side effects. Furthermore, the MTUS recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. The documentation indicates that the patient has a MED which exceeds the 120mg oral morphine equivalents. Furthermore, the documentation indicates that the patient has been on long term Oxycontin without significant evidence of functional improvement as defined by the MTUS. For all of these reasons the request for Oxycontin is not medically necessary.