

Case Number:	CM15-0083118		
Date Assigned:	05/05/2015	Date of Injury:	12/04/2013
Decision Date:	06/03/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/30/2015

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 52 year old female, who sustained an industrial injury on 12/4/13. She reported back pain. The injured worker was diagnosed as having post laminectomy of lumbar spine, lumbar radiculopathy, lumbar HNP without myelopathy and lumbar spinal stenosis. Treatment to date has included C4-5 cervical fusion, oral medications including OxyContin, topical medications including Duragesic patch, activity restrictions, physical therapy, home exercise program and cane for ambulation. (MRI) magnetic resonance imaging of lumbar spine performed 1/9/15 revealed anterior L4-S1 fixation hardware and disc replacement and multilevel bilateral neuroforaminal stenosis most significant at L5-S1. Currently, the injured worker complains of constant, sharp shooting low back pain with radiation to bilateral lower extremities and is aggravated by standing, walking, bending, stooping, twisting, stair climbing, kneeling, squatting and walking on an incline. Physical exam noted lumbar tenderness with spasms noted in the paraspinal musculature. The treatment plan included continuation of Soma and Tegaderm patch over Fentanyl patch and refilling of Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for chronic radiating low back pain. When seen, opioid medications were being weaned. She had not return to work. She was continuing to ambulate with a cane. Medications prescribed included oxycodone at a total MED (morphine equivalent dose) of 360 mg per day and Fentanyl at an unknown dose. Oxycodone and fentanyl had previously been prescribed at an MED of 210 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 3 times that recommended and does not represent a decreased in the total MED previously prescribed. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support ongoing dosing at this level. Therefore, continued prescribing of oxycodone at this dose was not medically necessary.