

Case Number:	CM14-0120852		
Date Assigned:	08/06/2014	Date of Injury:	09/04/2006
Decision Date:	10/14/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old male who reported an injury on 09/04/2006. The mechanism of injury was the injured worker was struck by a car from behind and was thrown on the other side of the road when an 18 wheeler struck the injured worker again. The prior treatments included psychiatric care, modified duty, pain management, medications, physical therapy to the lumbar spine and left Achilles, a cast for the bilateral legs, external fixators, and 3 to 4 months of rehabilitation. Surgical history included an open reduction and internal fixation to the bilateral tibia and fibula, surgery to the left foot, and a removal of rods in the left tibia in 2007. The diagnostic studies included MRIs and x-rays. The injured worker underwent urine drug screens as of 01/09/2014. The documentation of 06/09/2014 revealed the injured worker had low back and bilateral lower extremity pain. The pain was rated a 7/10 with medications. The injured worker indicated he had no new problems or side effects. The quality of sleep was poor. The injured worker was taking his medications as prescribed and indicated the medications were working well. The physical examination revealed the injured worker's range of motion was restricted with flexion limited to 50 degrees by pain and extension to 5 degrees by pain. Upon palpation the paravertebral muscles revealed spasm and tenderness bilaterally. The lumbar facet loading was positive bilaterally. The straight leg raise was negative. The Babinski's was negative. The ankle jerk was 1/4 bilaterally and the patellar jerk was 1/4 on the right side and 2/4 on the left. The Hawkin's test was positive on the bilateral shoulders. The motor strength of the EHL was 5-/5 on the right. The sensory examination revealed light sensation touch was patchy in distribution. Sensation to pinprick was decreased over the right L3-S2 and surgical scars. Dysesthesias were present over the right lower extremity below the knee and on the right side. The diagnoses included low back pain, spasm muscle, lumbar radiculopathy, spine and thoracic degenerative disc disease, spinal lumbar degenerative disc disease, and compression

fracture of the vertebrae. The treatment plan included OxyContin 20 mg and 40 mg tablets for long acting pain control, Norco for breakthrough pain control, Percocet for severe breakthrough pain control, Soma for muscle spasm, and Phenergan for nausea secondary to pain regimen. There was a detailed Request for Authorization submitted to support the requests.

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, (Oxycodone Immediate Release).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Opioid Dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalence per day. The clinical documentation submitted for review indicated the injured worker had no side effects or aberrant drug behavior. There was a lack of documentation of an objective decrease in pain and an objective functional improvement. Additionally, the daily morphine equivalent dose would be 395 mg which exceeds the Guideline recommendations. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. 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.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64,65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time and there was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of exceptional factors to warrant nonadherence to Guideline recommendations. Given the above, the request for Soma 350 mg #60 is not medically necessary.

Oxycodone HCL 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Oxycodone Immediate Release), Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Opioid Dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalence per day. The clinical documentation submitted for review indicated the injured worker had no side effects or aberrant drug behavior. There was a lack of documentation of an objective decrease in pain and an objective functional improvement. Additionally, the daily morphine equivalent dose would be 395 mg which exceeds the Guideline recommendations. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for oxycodone hydrochloride 15 mg #60 is not medically necessary.

Oxycontin 40mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Opioid Dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalence per day. The clinical documentation submitted for review indicated the injured worker had no side effects or aberrant drug behavior. There was a lack of documentation of an objective decrease in pain and an objective functional improvement. Additionally, the daily morphine equivalent dose would be 395 mg which exceeds the Guideline recommendations. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for OxyContin 40 mg #90 is not medically necessary.

Norco 10/325mg #180:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, (Hydrocodone/Acetaminophen) Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Opioid Dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalence per day. The clinical documentation submitted for review indicated the injured worker had no side effects or aberrant drug behavior. There was a lack of documentation of an objective decrease in pain and an objective functional improvement. Additionally, the daily morphine equivalent dose would be 395 mg which exceeds the Guideline recommendations. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #180 is not medically necessary.