

Case Number:	CM14-0133201		
Date Assigned:	08/22/2014	Date of Injury:	05/08/1995
Decision Date:	09/24/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 40 year old female who reported an injury on 05/08/1995. The mechanism of injury was not provided within the medical records. The injured worker was diagnosed with cervical and lumbar myofascitis, possible plexopathy secondary to left L5 pedicle screw extending into the retroperitoneal space 8mm, and possible myelopathy secondary to intrathecal catheters with secondary vaginal and rectal spasms. The injured worker was treated with medications, an implanted infusion pump, steroid injections, trial nerve ablation, and spinal cord stimulator implant. The injured worker had implantation of an intrathecal infusion pump in approximately 1997-1998, laminectomy and discectomy in 1996, emergency fusion in 1998, removal of infusion pump secondary cerebrospinal fluid leak in November 2013, spinal cord stimulator implantation in 2013, and a trial nerve ablation. The clinical note dated 06/26/2014 noted the injured worker complained of headaches, neck and upper back pain, numbness on the back of both hands, pain in finger joints, low back pain, and cramping in both legs and feet at night. The injured worker had tenderness to palpitation of the cervical spine, range of motion and strength were within normal limits. The injured worker was prescribed neurontin 600mg three times a day, oxycontin 60mg six per day, oxycodone 30mg seven per day, opana 10mg up to six per day, soma 350mg four times a day, remeron 30mg at bedtime, clonidine one a day dosage unknown, cymbalta 60mg one a day. The treatment plan was for oxycontin tablets 60 mg controlled release and oxycodone tablet 30mg for pain relief. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone tab 30mg # 30 refills 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Oxycodone tab 30mg # 30 refills 180 is not medically necessary. The injured worker complains of headaches, neck and upper back pain, numbness to the back of both hands, pain in the finger joints, low back pain, and cramping in both legs and feet at night. The California MTUS guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend the medications be no more than 120 mg morphine equivalents per day. The injured worker is prescribed oxycontin 60mg six per day, oxycodone 30mg seven per day, and opana 10mg up to six per day. The injured worker's morphine equivalent is 1035 daily, which exceeds the recommended 120mg morphine equivalent dosage. The injured worker's medical records lack the documentation of pain rating pre and post medication, current pain rating, the least reported pain over the period since last assessment, the average pain rating, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation that indicates the injured worker does not display any aberrant drug behaviors, and a urine drug screen is not provided. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request for 180 refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Also, the request does not indicate the frequency of the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Oxycodone tab 30mg # 30 refills 180 is not medically necessary.

Oxycontin tab 60mg CR # 30 refills 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Oxycontin tab 60mg CR # 30 refills 180 is not medically necessary. The injured worker complains of headaches, neck and upper back pain, numbness to the back of both hands, pain in the finger joints, low back pain, and cramping in both legs and feet at night. The California MTUS guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend the medications be no more than 120 mg morphine equivalents per day. The injured worker is prescribed oxycontin 60mg six per day, oxycodone

30mg seven per day, and opana 10mg up to six per day. The injured worker's morphine equivalent is 1035 daily, which exceeds the recommended 120mg morphine equivalent dosage. The injured worker's medical records lack the documentation of pain rating pre and post medication, current pain rating, the least reported pain over the period since last assessment, the average pain rating, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation that indicates the injured worker does not display any aberrant drug behaviors, and a urine drug screen is not provided. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request for 180 refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Also, the request does not indicate the frequency of the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Oxycontin tab 60mg CR # 30 refills 180 is not medically necessary.