

Case Number:	CM14-0141901		
Date Assigned:	09/10/2014	Date of Injury:	12/10/2010
Decision Date:	10/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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 Pain Medicine 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:

This is a 53-year-old male patient who sustained an industrial injury on 12/10/2010. The patient is diagnosed with low back pain, lower extremity pain, and lumbosacral degenerative disc disease. Prior treatment history is not outlined, although it is noted the patient is prescribed multiple medications. There were no diagnostic studies included for review. The mechanism of injury was not provided. Request for oxymorphone ER 15 mg #120 and hydromorphone 8 mg #175 was modified a utilization review to certify oxymorphone ER 15 mg #60 and hydromorphone 8 mg #90 to allow for weaning. The reviewing physician noted there were no recent clinical notes submitted for review to indicate ongoing quantifiable pain relief and objective functional benefit with the patient's use of the requested medications. Additionally, records submitted failed to provide a recent urine drug screen to monitor for appropriate medication use. Weaning was recommended. The most recent progress note provided for review is dated 08/07/14 and indicates patient presented with chief complaint of moderate residual low back pain with radiation to the bilateral lower extremities. Patient's subjective level of pain range is 5-6/10. The patient reports 80-90% overall pain relief with oxymorphone ER and hydromorphone. He reports current medications improve his function and quality of life. Objective findings revealed moderate tenderness to the lumbar spine with mild spasm. Plan was to continue current medications and follow-up in one month. Several handwritten progress notes were provided with no significant change noted. Multiple notes contain generic statement regarding the patient reporting pain relief and functional benefit. Functional benefit is not described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone ER 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, dosing

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there was noted the patient reports 80-90% overall pain relief with the use of oxymorphone ER in conjunction with hydromorphone. However there are only generic general statements regarding patient having improved function and quality of life. This is not described. Documentation does not contain a urine drug screen indicating appropriate medication monitoring and screening for aberrant behavior. There is no documentation of a signed narcotic agreement on file. Additionally, the ODG guidelines regarding dosing state "Recommend that dosing not exceed 100 mg MED (morphine equivalents dosage/day), while there should be increased caution for dosing over 50 MED." In this case, the patient is prescribed a combined total of 372 MED (morphine equivalents dosage/day), more than 3 times the recommended maximum. This places the patient at increased risk for adverse events including death. The current request does not specify frequency of dosing. Therefore, the request for oxymorphone ER 15 mg #120 is not medically necessary and the request is not medically necessary.

Hydromorphone 8mg #175: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, dosing

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there was noted the patient reports 80-90% overall pain relief with the use of oxymorphone ER in conjunction with hydromorphone. However there are only generic general statements regarding patient having improved function and quality of life. This is not described. Documentation does not contain a urine drug screen indicating appropriate

medication monitoring and screening for aberrant behavior. There is no documentation of a signed narcotic agreement on file. Additionally, the ODG guidelines regarding dosing state "Recommend that dosing not exceed 100 mg MED (morphine equivalents dosage/day), while there should be increased caution for dosing over 50 MED." In this case, the patient is prescribed a combined total of 372 MED (morphine equivalents dosage/day), more than 3 times the recommended maximum. This places the patient at increased risk for adverse events including death. The current request does not specify frequency of dosing. Therefore, the request for hydromorphone 8 mg #175 is not medically necessary and the request is not medically necessary.