

Case Number:	CM14-0101715		
Date Assigned:	07/30/2014	Date of Injury:	04/20/2002
Decision Date:	06/23/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/01/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 4/20/2002. Diagnoses have included degenerative disc disease and arthritis of the lumbar spine, lumbar post-laminectomy syndrome and situational depression and anxiety. Treatment to date has included surgery, trigger point injections and medication. According to the progress report dated 5/29/2014, the injured worker complained of low back, buttock and leg pain. The injured worker was noted to be visibly uncomfortable and unable to sit for an extended period of time with increased agitation due to severe pain symptoms. The injured worker rated his pain without medications as 9-10/10. With medications, his pain was rated 3-4/10. The medications make it possible for the injured worker to perform activities of daily living. Exam of the lumbar spine revealed decreased range of motion. There was tenderness to palpation from the upper lumbar spine down to the sacrum. Authorization was requested for Oxycontin, Percocet and Roxicodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg, #90: 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): 82-92.

Decision rationale: According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. They are not indicated for mechanical or compressive etiologies. In this case, the claimant had been on Oxycontin in combination with Percocet and Roxicodone for over 5 months. There was no mention of failure of Tricyclicsm Tylenol or NSAID. The combined morphine equivalent dose exceeded 120 mg with all the medications and even with the sole use of Oxycontin. The continued and chronic use of Oxycontin as above is not medically necessary.

Percocet 10/325mg, #270: 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): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin in combination with Percocet and Roxicodone for over 5 months. There was no mention of failure of Tricyclics Tylenol or NSAID. The combined morphine equivalent dose exceeded 120 mg with all the medications and even with the sole use of Percocet. The continued and chronic use of Percocet as above is not medically necessary.

Roxicodone 15mg, #150: 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): 82-92.

Decision rationale: Roxicodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. In this case, the claimant had been on Oxycontin in combination with Norco and Roxicodone for over 5 months. There was no mention of failure of Tricyclicsm Tylenol or NSAID. The combined morphine equivalent dose exceeded 120 mg with all the medications. The continued and chronic use of Roxicodone as above is not medically necessary.

