

Case Number:	CM14-0108754		
Date Assigned:	08/01/2014	Date of Injury:	05/17/2004
Decision Date:	06/29/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/14/2014

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: 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 45 year old male, who sustained an industrial injury on May 17, 2004. The injured worker was diagnosed as having chronic pain syndrome and cervical and lumbar post laminectomy syndrome. Treatment to date has included surgery, aquatic therapy and medication. A progress note dated June 24, 2014 the injured worker complains of neck pain radiating to right arm and low back pain radiating down both legs. His current pain is rated 5/10 and without medication 10/10. Physical exam notes painful decreased range of motion (ROM) of the lumbar area. Ambulation is with a cane. There is trigger finger of the 2nd and 3rd finger of both hands. The plan includes follow-up, Percocet, Lyrica, Oxycontin and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in May 2004 and continues to be treated for chronic back pain. Medications are referenced as decreasing pain from 10/10 to 5/10. OxyContin and Percocet are being prescribed at a total MED (morphine equivalent dose) 450 mg per day. Physical examination findings included decreased spinal range of motion and he was using a cane. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed nearly 4 times that recommended. 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 dosing at this level. Therefore, ongoing prescribing at this dose was not medically necessary.

Oxycontin 80mg, #90: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in May 2004 and continues to be treated for chronic back pain. Medications are referenced as decreasing pain from 10/10 to 5/10. OxyContin and Percocet are being prescribed at a total MED (morphine equivalent dose) 450 mg per day. Physical examination findings included decreased spinal range of motion and he was using a cane. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed nearly 4 times that recommended. 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 dosing at this level. Therefore, ongoing prescribing at this dose was not medically necessary.