

Case Number:	CM14-0219356		
Date Assigned:	01/09/2015	Date of Injury:	05/19/2004
Decision Date:	03/09/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/31/2014

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:

This is a 59 year old female with a date of injury of May 19, 2004. The injury was associated with repetitive lifting. Diagnoses include left leg joint pain, disc degeneration, lumbosacral neuritis and sciatica. On April 25, 2013, an MRI of the lumbar spine showed severe disc space and facet joint degeneration from L2 to S1, there was moderate to severe stenosis at L4-5 , moderate stenosis at L3-4 and severe neuroforaminal stenosis present bilaterally at L4-5 and L5-S1. On December 5, 2014, the injured worker continued to have significant breakthrough pain in her lower lumbar spine radiating out into primarily her left leg. Physical examination revealed distinct tenderness in the lower lumbar spine region and some tenderness over the sciatic notch. Straight leg raising test was positive on the left and negative on the right. Medications and epidural steroid injections were listed as treatment. It was recommended that she gets involved with a home exercise program for her back. Notes stated that she was fitted with a lumbar support brace. A request was made for Oxycodone HCL 20mg #100 and Hydromorphone HCL 4mg #120. On December 12, 2014, utilization review modified the request to Oxycodone HCL 20mg #60 and denied the request for Hydromorphone HCL 4mg #120 citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 20mg QTY: 100.00: 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 (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for radiating low back pain. Medications included two immediate release opioids, oxycodone and hydromorphone, with a total MED (morphine equivalent dose) of greater than 120 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended and only immediate release opioid medication is being prescribed. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, Oxycodone was not medically necessary.

Hydromorphone HCL 4mg QTY: 120.00: Upheld

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

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 is more than 10 years status post work-related injury and continues to be treated for radiating low back pain. Medications included two immediate release opioids, oxycodone and hydromorphone, with a total MED (morphine equivalent dose) of greater than 120 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended and only immediate release opioid medication is being prescribed. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, hydromorphone was not medically necessary.