

Case Number:	CM15-0000317		
Date Assigned:	01/09/2015	Date of Injury:	03/29/2002
Decision Date:	03/09/2015	UR Denial Date:	12/19/2014
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male who suffered a work related injury on 03/29/02. Per the physician notes from 11/24/14 he continues to experience the physical issues in the lumbar spine which includes axial and radicular pain. He is also undergoing a drug rehab treatment program. He also complains of sleep and stomach issues. He experiences sciatic notch tenderness bilaterally and has decreased range of motion in the lumbar spine and pain with flexion and extension of the trunk. Diagnoses include multilevel lumbago with bilateral radiculopathy, sacroiliac joint and facet joint arthropathy, post concussive syndrome, status post spinal surgery x3 with three level fusion, failed back surgery syndrome with intractable neuropathic pain, and status post spinal cord stimulator implantation. Medications include Oxymorphone, Methadone, Norco, Lunesta, Nortriptyline, Lyrica, Omeprazole, Testim, promolaxin, and Terocin. On 12/19/14 the Claims Administrator non-certified the Oxymorphone, Methadone, and Norco as the daily dose of morphine equivalents drastically exceeds the maximum daily dosage of morphine equivalents per day. The MTUS was cited. The non-certified treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 86-89.

Decision rationale: According to the 12/19/14 Utilization Review letter, the Norco 10/325mg #120 requested on the 11/24/14 medical report was denied because the patient's total morphine equivalent dose {MED} is above 120 MED. According to the 11/24/14 anesthesiology/pain management report, the patient is s/p spinal surgery x3 and has been diagnosed with failed back surgery syndrome, with spinal cord stimulator implant on 8/17/12. Current pain was 6/10. He is not using the oxymorphone, He was using methadone for baseline pain. The patient has been struggling with pain as UR denied medications. The pain management physician states UR denied the medications due to increasing pain scores, when in fact the increased pain scores were a result of the denial of oxymorphone, therefore methadone was increased. With the medications, the 38 year-old male patient is able to live by himself and engage in activities within the home, such as cooking, cleaning, washing, and personal hygiene. He was able to do activities outside the home such as shopping and other outdoor activities. The report states Norco was for general and breakthrough pain. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 Criteria For Use Of Opioids for Long-term Users of Opioids 6-months or more states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" Also for Strategy for maintenance, MTUS states: Do not attempt to lower the dose if it is working. MTUS Chronic Pain Medical Treatment Guidelines, pg 86-87 states "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents." It is noted that the physician prescribing the medications is a pain management physician, and it appears the patient had been stable on opioid therapy that exceeded 120 MED for quite some time. The pain management physician has been monitoring the patient. He has reported pain reduction, and demonstrated improvement in function and quality of life. This is a satisfactory response per MTUS definition. The treatment appears to be in accordance with MTUS guidelines. The request for Norco 10/325mg, quantity: 120, is medically necessary.

Oxymorphone ER 40mg quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 86-89.

Decision rationale: According to the 12/19/14 Utilization Review letter, the oxymorphone ER 40mg requested on the 11/24/14 medical report was denied because the patient's total morphine

equivalent dose {MED} is above 120 MED. According to the 11/24/14 anesthesiology/pain management report, the patient is s/p spinal surgery x3 and has been diagnosed with failed back surgery syndrome, with spinal cord stimulator implant on 8/17/12. Current pain was 6/10. He is not using the oxymorphone, He was using methadone for baseline pain. The patient has been struggling with pain as UR denied medications. The pain management physician states UR denied the medications due to increasing pain scores, when in fact the increased pain scores were a result of the denial of oxymorphone, therefore methadone was increased. With the medications, the 38 year-old male patient is able to live by himself and engage in activities within the home, such as cooking, cleaning, washing, and personal hygiene. He was able to do activities outside the home such as shopping and other outdoor activities. The report states Oxymorphone ER 40mg bid was for baseline pain. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 Criteria For Use Of Opioids for Long-term Users of Opioids 6-months or more states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" Also for Strategy for maintenance, MTUS states: Do not attempt to lower the dose if it is working. MTUS Chronic Pain Medical Treatment Guidelines, pg 86-87 states "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents." It is noted that the physician prescribing the medications is a pain management physician, and it appears the patient had been stable on opioid therapy that exceeded 120 MED for quite some time. The pain management physician has been monitoring the patient. He has reported pain reduction, and demonstrated improvement in function and quality of life. This is a satisfactory response per MTUS definition. The treatment appears to be in accordance with MTUS guidelines. The request for Oxymorphone ER 40mg, quantity 60, is medically necessary.

Methadone 10mg quantity 270: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 86-89.

Decision rationale: According to the 12/19/14 Utilization Review letter, the methadone 10mg #270 requested on the 11/24/14 medical report was denied because the patient's total morphine equivalent dose {MED} is above 120 MED. According to the 11/24/14 anesthesiology/pain management report, the patient is s/p spinal surgery x3 and has been diagnosed with failed back surgery syndrome, with spinal cord stimulator implant on 8/17/12. Current pain was 6/10. He is not using the oxymorphone, He was using methadone for baseline pain. The patient has been struggling with pain as UR denied medications. The pain management physician states UR denied the medications due to increasing pain scores, when in fact the increased pain scores were a result of the denial of oxymorphone, therefore methadone was increased. With the medications, the 38 year-old male patient is able to live by himself and engage in activities within the home, such as cooking, cleaning, washing, and personal hygiene. He was able to do activities outside

the home such as shopping and other outdoor activities. The report states methadone 10mg 3 tablets tid, #270 was for baseline pain. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 Criteria For Use Of Opioids for Long-term Users of Opioids 6-months or more states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" Also for Strategy for maintenance, MTUS states: Do not attempt to lower the dose if it is working. MTUS Chronic Pain Medical Treatment Guidelines, pg 86-87 states "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents." It is noted that the physician prescribing the medications is a pain management physician, and it appears the patient had been stable on opioid therapy that exceeded 120 MED for quite some time. The pain management physician has been monitoring the patient. He has reported pain reduction, and demonstrated improvement in function and quality of life. This is a satisfactory response per MTUS definition. The treatment appears to be in accordance with MTUS guidelines. The request Methadone 10mg, quantity 270, is medically necessary.