

Case Number:	CM15-0113530		
Date Assigned:	06/19/2015	Date of Injury:	07/11/2000
Decision Date:	07/20/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/12/2015

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 60-year-old male, who sustained an industrial injury on 7/11/00. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar radiculopathy; lumbosacral disc degeneration; lumbar post laminectomy syndrome; lumbago; chronic use of opioids. Treatment to date has included transforaminal epidural steroid injections left L3-L5 (2/24/15); urine drug screening; medications. Diagnostics included MRI lumbar spine (2009). Currently, the PR-2 notes dated 1/5/15 indicated the injured worker complains of low back pain and the duration varies. The problem is fluctuation and occurs intermittently. He is returning on this date as a follow-up regarding his left lower extremity radicular pain. The provider documents he has had several surgeries and has failed multiple attempts of conservative treatments. He has ongoing left lower extremity radicular pain. He had a left L3-L4 transforaminal epidural steroid injection in October 2014 and reported he typically gets 60-70% relief for about 10 weeks. It has been 10 weeks and the pain is worse now the injured worker is requesting a repeat of the injection for symptom relief. His last lumbar MRI was in 2009. He has not had any nerve conduction studies and denies any new injury with the pain reported as the same over the years. His vital signs document the injured worker is hypertensive on this day (185/93). His numeric pain scale is listed as 7/10. On physical examination, the provider notes the injured worker has difficulty standing up from a seated position. He notes pain is moderate in the lumbar spine. The provider's treatment plan notes the injured worker is with chronic radicular left lower extremity pain and the epidural steroid injections did relieve this pain for about 10 weeks. There is a procedure record submitted that indicated the injured worker had

another transforaminal epidural steroid injections left L3-L5 on 2/24/15. The provider is requesting medications: Oxycontin 15mg #30 and Oxycodone 7.5mg/325mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 15mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, dosing.

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 has a remote history of a work injury occurring in July 2000 and continues to be treated for low back pain. Medications are referenced as providing good pain relief and allowing for improved daily function and for participation in recreational activities. When seen, there was decreased and painful lumbar spine range of motion. OxyContin and oxycodone were prescribed at a total MED (morphine equivalent dose) of approximately 25 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. OxyContin is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications were providing pain relief, improved activities of daily living, and improved quality of life. The total MED was 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Oxycodone 7.5mg/325mg #45: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Opioids, dosing.

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 has a remote history of a work injury occurring in July 2000 and continues to be treated for low back pain. Medications are referenced as providing good pain relief and allowing for improved daily function and for participation in recreational activities. When seen, there was decreased and painful lumbar spine range of motion. OxyContin and oxycodone were prescribed at a total MED (morphine equivalent dose) of approximately 25 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not

mean that they are no longer entitled to future medical care. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications were providing pain relief, improved activities of daily living, and improved quality of life. The total MED was 120 mg per day consistent with guideline recommendations. The prescribing of oxycodone was medically necessary.