

Case Number:	CM15-0127110		
Date Assigned:	07/14/2015	Date of Injury:	08/27/2001
Decision Date:	08/07/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/01/2015

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 58 year old male with an industrial injury dated 08/27/2001. The injured worker's diagnoses include lumbago, lumbosacral disc degeneration, and lumbar thoracic radiculitis. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/18/2015, the injured worker reported ongoing lower back pain. Objective findings revealed tenderness at the lumbar spine, tenderness at facet joints, and decreased flexion/extension and lateral bending. Treatment plan consisted of medication management. The treating physician prescribed retrospective request for: Morphine ER 60mg #90 (5/18/15-6/16/15), Oxycodone 30mg #180 (5/18/15-6/16/15) and Oxymorphone 10mg #90 (5/18/15-6/16/15) now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Morphine ER 60mg #90 (5/18/15-6/16/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Analgesics Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2001 and continues to be treated for chronic low back pain. When seen, the claimant was working without restrictions. Medications are referenced as decreasing pain from 10/10 to 9/10. Physical examination findings included decreased lumbar spine range of motion with facet joint tenderness. Oxycodone, oxymorphone, and Morphine ER were prescribed at a total MED (morphine equivalent dose) of 540 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 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 and medications are providing minimal pain relief of questionable clinical significance. Ongoing prescribing at this dose was not medically necessary.

Retrospective request: Oxycodone 30mg #180 (5/18/15-6/16/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Analgesics Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2001 and continues to be treated for chronic low back pain. When seen, the claimant was working without restrictions. Medications are referenced as decreasing pain from 10/10 to 9/10. Physical examination findings included decreased lumbar spine range of motion with facet joint tenderness. Oxycodone, oxymorphone, and Morphine ER were prescribed at a total MED (morphine equivalent dose) of 540 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 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 and medications are providing minimal pain relief of questionable clinical significance. Ongoing prescribing at this dose was not medically necessary.

Retrospective request: Oxymorphone 10mg #90 (5/18/15-6/16/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Analgesics Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2001 and continues to be treated for chronic low back pain. When seen, the claimant was working without restrictions. Medications are referenced as decreasing pain from 10/10 to 9/10. Physical examination findings included decreased lumbar spine range of motion with facet joint tenderness. Oxycodone, oxymorphone, and Morphine ER were prescribed at a total MED (morphine equivalent dose) of 540 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 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 and medications are providing minimal pain relief of questionable clinical significance. Ongoing prescribing at this dose was not medically necessary.