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| Case Number: | CM15-0171889 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 08/25/1988 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/26/2015 |
| Priority: | Standard | Application Received: | 09/01/2015 |

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 55 year old male who sustained an industrial injury on 8-25-88. The injured worker reported chronic neck pain with upper extremity radicular pain. A review of the medical records indicates that the injured worker is undergoing treatments for chronic neck pain, chronic cervical degenerative disc disease, status post cervical fusion and right below knee amputation. Medical records dated 7-8-15 indicate pain rated at 7 out of 10. Treatment has included trigger point injection, home exercise program, Oxycontin since at least January of 2015, Norco since at least January of 2015, Soma since at least January of 2015, Ambien since at least January of 2015, and Gabapentin since at least January of 2015. Physical examination dated 7-8-15 was notable for limited shoulder and cervical range of motion. The original utilization review (8-26-15) partially approved a request for Norco 10-325 milligrams quantity of 240 and Oxycontin 80 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1988 and continues to be treated for chronic neck and upper extremity pain. When seen, medications are referenced as helping. He was not having medication side effects. Physical examination findings included presenting in a wheelchair. He had a right below knee amputation and a left leg wound. OxyContin and Norco were prescribed at a total MED (morphine equivalent dose) of 320 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 2.5 times that recommended. There are no unique features of this case that would support dosing at this level, and there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose was not medically necessary.

Oxycontin 80mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1988 and continues to be treated for chronic neck and upper extremity pain. When seen, medications are referenced as helping. He was not having medication side effects. Physical examination findings included presenting in a wheelchair. He had a right below knee amputation and a left leg wound. OxyContin and Norco were prescribed at a total MED (morphine equivalent dose) of 320 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 2.5 times that recommended. There are no unique features of this case that would support dosing at this level, and there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose was not medically necessary.