

Case Number:	CM15-0172381		
Date Assigned:	09/16/2015	Date of Injury:	12/10/2008
Decision Date:	10/16/2015	UR Denial Date:	08/25/2015
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 37 year old female who sustained an industrial injury on 12-10-2008. Diagnoses include lumbar disc herniation-injury, multiple levels with radiculopathy, status post lumbar spinal surgery with continued severe pain, possible painful hardware, including spinal stimulator leads, myofascitis with deconditioning and spasm-lumbar, sacroiliitis, situational reactive depression-anxiety secondary to above, cervicogenic headaches severe, inability to perform ADLs secondary to above and high dose narcotic therapy and adjuvants. In a physician progress note dated 07-28-2015 documents the injured worker has chronic pain in all levels of her spine. Surgery is not recommended at this point. Recommend for her to return for ongoing pain management. A physician progress note dated 06-10-2015 documents the injured worker had undergone removal of the spinal cord stimulator on 05-28-2015, and she has been having significant increasing thoracic spine pain. This was done for the injured worker to undergo a Magnetic Resonance Imaging of the thoracic and lumbar spine. She is also having severe left lower extremity leg pain with lumbar spine pain. Her medications include Oxycodone 10mg three times a day and OxyContin 20 mg three times a day. Her pain levels are still rated 9 out of 10. A Magnetic Resonance Imaging of the thoracic spine done on 06-17-2015 showed postoperative changes in a patient status post laminectomy at L9 and T10. No bulge or protrusion is seen. The central canal and foramina have normal caliber throughout the thoracic spine. A physician note dated 08-04-2014 documents the injured worker has chronic pain syndrome for lumbar and cervical injury. She continues to have escalating symptoms in her low back and legs pain and radiculopathy and is now having cervicogenic headaches on a daily basis. She does

report a good result with the new medications regime. Pain is manageable and does not require trigger point injections today; however her pain is rated 5-6 out of 10, which is reduced from her previous pain level of 10 out of 10. She has discontinued the use of Subsys, Demerol, Exalgo, Dilaudid, Buspar, Methadone and Robaxin. She was given an analgesic injection for pain, and received Trigger point injections and has a 70% reduction in pain. She submitted for a urine screening with this visit. She has restricted range of motion to her cervical spine, and severe tenderness down the posterior columns into the trapezius. Mild myofascitis in the trapezius muscles to the shoulder as well as scapula. There is lumbar guarding and increased muscle spasms with range of motion. She has decreased range of motion with pain. There is moderate to severe tenderness diffusely from the high lumbar area down to the sacrum secondary to myofascitis and spasms. There was moderate sacroiliitis and pain over the S1 joints bilaterally. Left leg is positive with straight leg raise. Current pain medications include Cymbalta, Klonopin, Topamax, Oxycodone, Trazodone, Prilosec, Zofran, and Omeprazole. She did report difficulty with sleep and Trazadone with be increased. Treatment to date has included diagnostic studies, medications, status post implantation and then removal of a spinal cord stimulator, epidural steroid injections which she has not done well with, trigger point injections and multiple spinal surgeries. A cervical spine Magnetic Resonance Imaging done on 07-21-2015 revealed status post fusion of the C4-C7 vertebra bodies. No disc bulge or disc osteophyte complex is noted. The central canal and the neural foramina have normal caliber throughout the cervical spine. On 07-21-2015 a lumbar Magnetic Resonance Imaging revealed status post fusion of the L4-S1 vertebral bodies with no complications seen. No disc protrusion in noted. The central canal and neural foramina have normal caliber throughout the lumbar spine. The posterior facet joints show no degenerative change. On 08-25-2015 the Utilization Review modified the requested treatment OxyContin 20mg quantity 90 to OxyContin 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg quantity 90: 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 for chronic pain.

Decision rationale: The claimant sustained a work injury in December 2008 and is being treated for chronic low back pain with a diagnosis of failed back surgery syndrome. Treatments have included a spinal cord stimulator, which was removed so she could have an MRI scan. When seen, she was in an elevated state of pain. She had discontinued use of other opioid medications. There was decreased cervical and lumbar range of motion with tenderness ranging up to severe. There was moderate sacroiliitis and pain over the sacroiliac joints and with facet loading. There was positive left straight leg raising. Due to the severity of the pain, a Demerol injection was administered. OxyContin and oxycodone were refilled at a total MED (morphine equivalent dose) of 105 mg per day. OxyContin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than

120 mg per day, there is no documentation that this medication is currently providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.