

Case Number:	CM15-0173397		
Date Assigned:	09/15/2015	Date of Injury:	08/30/1996
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/02/2015

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 65 year old female, who sustained an industrial injury on August 30, 1996. She reported chronic low back pain. The injured worker was diagnosed as having lumbar post-laminectomy syndrome and lumbar radiculopathy. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine, medications, lumbar epidural steroid injections (ESI), acupuncture, spinal cord stimulator and work restrictions. Currently, the injured worker continues to report low back pain with radiating pain to the left and right lower extremity noted as worse on the left. The injured worker reported an industrial injury in 1996, resulting in the above noted pain. She was treated surgically without complete resolution of the pain. Evaluation on May 19, 2015, revealed continued pain as noted. She rated her pain at 6 without medications and at 9 with the use of medications on a 1-10 scale with 10 being the worst. Pain management and medications were continued. Evaluation on June 2, 2015, revealed continued pain as noted. She rated her pain at 6 with the use of medications and at 9 on a 1-10 scale with 10 being the worst without the use of medications. It was noted she was status post lumbar ESI without significant relief. The home exercise plan was continued and medications were continued. Evaluation on July 28, 2015, revealed continued pain as noted rated at 6 on a 1-10 scale with the use of medications and at 10 on a 1-10 scale without the use of medications with 10 being the worst. The RFA included requests for Retro Oxycodone 15 mg #120 with an RX date of 8/7/2015 and Retro Oxycontin 30 mg CR #90 with an RX date of 8/7/2015 and was non-certified on the utilization review (UR) on August 17, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Oxycontin 30 mg CR #90 with an RX date of 8/7/2015: 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 in August 1998 and is being treated for chronic low back pain with lower extremity radiating symptoms including a diagnosis of post-laminectomy syndrome. Treatments included a spinal cord stimulator. Medications are referenced as decreasing pain from 9/10 to 6/10. When seen, she was having right knee pain affecting her gait. She was considering spine surgery. Physical examination findings included right knee medial joint line tenderness with tenderness and equivocal straight leg raising. OxyContin and oxycodone were prescribed at a total MED (morphine equivalent dose) of 225 mg per day. Although weaning to the lowest effective dose is referenced, these doses are unchanged since at least January 2015. 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 1.5 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 weaning of the currently prescribed medications, although referenced at least the past six months, is not being actively done. Ongoing prescribing of OxyContin at this dose is not medically necessary.

Retro Oxycodone 15 mg #120 with an RX date of 8/7/2015: 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 in August 1998 and is being treated for chronic low back pain with lower extremity radiating symptoms including a diagnosis of post-laminectomy syndrome. Treatments included a spinal cord stimulator. Medications are referenced as decreasing pain from 9/10 to 6/10. When seen, she was having right knee pain affecting her gait. She was considering spine surgery. Physical examination findings included right knee medial joint line tenderness with tenderness and equivocal straight leg raising. OxyContin and oxycodone were prescribed at a total MED (morphine equivalent dose) of 225 mg per day. Although weaning to the lowest effective dose is referenced, these doses are unchanged since at least January 2015. 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 1.5 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 weaning of the currently prescribed medications, although referenced at least the past six months, is not being actively done. Ongoing prescribing of oxycodone at this dose was not medically necessary.