

Case Number:	CM15-0176754		
Date Assigned:	09/29/2015	Date of Injury:	12/18/1995
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on 12-18-95. Diagnoses are noted as unspecified disc disorder of the lumbar region and unspecified disc disorder of the lumbar region. In a progress report dated 8-21-15, the physician notes chronic back pain with a history of vertebral fractures in 1995 with current complaints of low back pain associated with numbness in the right leg below the knee and weakness in her right foot. She reports current opiates continue to provide good pain relief with improved functioning. Pain is rated at 7 out of 10. It is noted she tried to taper the opioid dose by 25% in 2-2015 and found that at the lower dose her pain score went up from 6 out of 10 to 9 out of 10. Physical findings reveal tenderness over the cervical and lumbar spine, severe muscle spasm on palpation of the lower back paraspinous region, and motor is 5 out of 5 in both upper extremities and lower extremities except at the right foot where it remains +3 at the toes. The assessment is noted as "post-traumatic degenerative multilevel discopathy with radiculopathy and superimposed myofascial pain syndrome causing severe debilitating pain and weakness, much improved function with chronic opioids, with monthly usage of opiates at a stable regular amount since 5-2004." Medications are Oxycodone HCL ER 10mg 2 tablets twice daily, #84, Hydrocodone-Acetaminophen 10-325mg 1 tablet 4 times a day, #84, Cyclobenzaprine HCL 10mg one half tablet in the morning and one tablet nightly as needed, Sertraline HCL, Sotalol HCL, Zolpidem Tartrate 10mg at bedtime as needed. Depression, sleep disturbance, muscle spasms, and long-term opioid use as per the note dated 4-15-15 are confirmed as unchanged on the note date 8-21-15. The physician notes she has been "under his care since 5-10-04. In that time she has been on a stable dose of opiates with no red flags for abuse, no worrisome signs of inappropriate use." It is noted that repeat random urine toxicology screening at random intervals at least once per year will continue (due next 11-2015).

A pain contract is reported as signed. Work status is to remain off work. On 9-3-15, the requested treatment of Oxycodone HCL ER (Oxycontin) 10mg 2 twice a day, #84 was modified to Oxycodone HCL ER (Oxycontin) 10mg 2 twice a day, #42 for weaning and Hydrocodone-Acetaminophen 10-325mg 1 four times a day, #84 was modified to Hydrocodone-Acetaminophen 10-325mg #42 for weaning. Treatment to date has included a cervical MRI on 6-15-05 that revealed degenerative changes and disc bulging and a urine drug screen (results not provided). The patient has had no signs of drug abuse and signs of inappropriate use. The past medical history include SVT with syncope. The patient has had UDS in the past that were positive for Oxycodone. The patient has had tried and failed opioids and non opioid including Ibuprofen, and Morphine. Per the note dated 9/28/15 the patient had complaints of chronic low back pain with numbness and weakness in right lower extremity at 7/10. The physical examination of the lumbar spine revealed tenderness on palpation and severe muscle spasm, and 3+ strength in right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCI ER (Oxycontin) 10mg oral, tab ER 12 hour release, 2 tab twice daily, 84 tabs: Overturned

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.

Decision rationale: Oxycodone HCI ER (Oxycontin) 10mg oral, tab ER 12 hour release, 2 tab twice daily, 84 tabs. This is an opioid analgesic. According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side-effects. The patient has had history of vertebral fracture in 1995. The injured worker was diagnosed as having post-traumatic degenerative multilevel discopathy with radiculopathy and superimposed myofascial pain syndrome. The patient has had a cervical MRI on 6-15-05 that revealed degenerative changes and disc bulging. Per the note dated 9/28/15 the patient had complaints of chronic low back pain with numbness and weakness in right lower extremity at 7/10. The physical examination of the lumbar spine revealed tenderness on palpation and severe muscle spasm, and 3+ strength in right foot. She reports current opiates continue to provide good pain relief with improved functioning. Pain is rated at 7 out of 10. It is noted she tried to taper the opioid dose by 25% in 2-2015 and found that at the lower dose her pain score went up from 6 out of 10 to 9 out of 10. Therefore the patient has chronic pain along with significant abnormal objective findings. The patient has had no signs of drug abuse and signs of inappropriate use. The patient has had UDS in the past that were positive for Oxycodone. There is no evidence of aberrant behavior. Patient has had a trial of non-opioid medications including NSAID, muscle relaxant and anti-depressant for this injury. This medication is deemed medically appropriate and necessary. The medication Oxycodone HCI ER (Oxycontin) 10mg oral, tab ER 12 hour release, 2 tab twice daily, 84 tabs is medically necessary and appropriate in this patient.

Hydrocodone-Acetaminophen 10-325mg oral tab, take 1 tablet by mouth 4 times per day 84 tabs: Overturned

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.

Decision rationale: Hydrocodone-Acetaminophen 10-325mg oral tab, take 1 tablet by mouth 4 times per day 84 tabs. This is an opioid analgesic. According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition according to the cited guidelines Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The patient has had history of vertebral fracture in 1995. The injured worker was diagnosed as having post-traumatic degenerative multilevel discopathy with radiculopathy and superimposed myofascial pain syndrome. The patient has had a cervical MRI on 6-15-05 that revealed degenerative changes and disc bulging. Per the note dated 9/28/15 the patient had complaints of chronic low back pain with numbness and weakness in right lower extremity at 7/10. The physical examination of the lumbar spine revealed tenderness on palpation and severe muscle spasm, and 3+ strength in right foot. She reports current opiates continue to provide good pain relief with improved functioning. Pain is rated at 7 out of 10. It is noted she tried to taper the opioid dose by 25% in 2-2015 and found that at the lower dose her pain score went up from 6 out of 10 to 9 out of 10. The patient has had no signs of drug abuse and signs of inappropriate use. The patient has had UDS in the past that were positive for Oxycodone. There is no evidence of aberrant behavior. Patient has had a trial of non opioid medications including NSAID, muscle relaxant and antidepressant for this injury. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/ prn basis. The medication Hydrocodone-Acetaminophen 10-325mg oral tab, take 1 tablet by mouth 4 times per day 84 tabs is medically necessary and appropriate in this patient.