

Case Number:	CM15-0178789		
Date Assigned:	09/21/2015	Date of Injury:	06/18/1999
Decision Date:	10/28/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/10/2015

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 female who sustained an industrial injury to her back on 06/18/1999 after falling down stairs. She has had 18 back surgeries. Diagnoses include chronic pain syndrome; lumbar radiculopathy; lumbar failed back surgery syndrome; thoracic back pain; failed back syndrome of the cervical spine; obesity. She currently (8-27-15) complains of persistent mid to low back pain; constant bilateral posterior neck and bilateral shoulder pain. Her pain level was 5 out of 10 which was down from 6 out of 10 per 6-22-15 note. On physical exam of the cervical and lumbar spine, there was mild pain with motion. Diagnostics include MRI of the lumbar spine (1-23-15) showing status post fusion and laminectomies at L4-5 and L5-S1, broad based disc bulge at L3-4; computed tomography of the lumbar spine (2-18-15) showing intraspinal pump, extensive post-operative changes, degenerative disc disease; MRI of the thoracic spine (4-28-15) showing central disc protrusion; MRI of the cervical spine (4-28-15) showing foraminal narrowing, anterolisthesis. Treatments to date include intrathecal pump placement and replacement (8-2012); discectomy and fusion cage placement (2000); T8-9 fusion (2002); spinal cord stimulator and revision (2004, revision 2006, removed 2010); anterior cervical discectomy and fusion (4-16-14); medications: OxyContin, Percocet, Ambien, Dilaudid, cyclobenzaprine, pantoprazole, Valium; physical therapy; LSO brace; trigger point injections; epidural steroid injections (caudal and thoracic); deep tissue massage; transcutaneous electrical nerve stimulator; pain management. On 8-27-15 Utilization Review evaluated and modified the request for Oxycodone-acetaminophen 10-325mg to Oxycodone-acetaminophen 10-325mg #108 for weaning purposes based on no documentation that the injured worker was seen by a

psychologist for opioid misuse and abuse per inconsistent drug screens or that non-opioid chronic pain management techniques were tried such as cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Acetaminophen tablets 10/325mg: 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, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in June 1999 and is being treated for chronic pain with a diagnosis of failed back surgery syndrome. Treatments have included a spinal cord stimulator and she is currently being managed with an intrathecal drug delivery system. When seen, she was having constant mild to moderate low back and neck pain rated at 5/10. Physical examination findings included a body mass index over 30. There was mild pain with cervical and lumbar range of motion. Her opioid pump medication was increased in dose with a reduced concentration to decrease the risk of granuloma formation. OxyContin and Percocet were prescribed at a total MED (morphine equivalent dose) of 120 mg per day. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough 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, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.