

Case Number:	CM15-0027258		
Date Assigned:	02/19/2015	Date of Injury:	06/04/1998
Decision Date:	06/11/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/12/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male, with a reported date of injury of 06/04/1998. The mechanism of injury was not provided. The diagnoses include lumbar degenerative disc disease, low back pain, and bilateral sacroiliitis piriformis syndrome greater trochanteric bursitis. Treatments have included oral medications. The progress report dated 12/01/2014 indicates that the injured worker complained of low back pain, bilateral hip pain, and bilateral leg pain. The medications allowed the injured worker to get out and walk the dogs once or twice a day. The injured worker continued to have mild cognitive changes with the Oxycontin. He occasionally had a flare-up of pain, but could manage it with medication. The physical examination showed tenderness to palpation of the bilateral lumbosacral musculature, uncomfortable lumbar extension, rotation, and flexion, tenderness of the left sacroiliac joint, greater trochanteric bursa, and piriformis muscles. The treating physician requested Oxycontin 40mg ER, Oxycontin 80mg ER, Carisoprodol 350mg, Celebrex 200mg, Hydrocodone 10/325mg, and Senna 8.6/50mg to manage constipation. On 01/13/2015, Utilization Review (UR) denied the request for Oxycontin 40mg ER, Oxycontin 80mg ER, Carisoprodol 350mg, Celebrex 200mg, Hydrocodone 10/325mg, and Senna 8.6/50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg ER, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The documentation indicated the injured worker was utilizing the medication twice a day. The daily oral morphine equivalence would equal 260 mg which exceeds the maximum recommendation for 120 mg. The request as submitted failed to indicate the frequency for the requested medication. The documentation indicated the request was for a 1 month supply which would equate to 60 tablets. There was a lack of documentation of an objective decrease in pain, and that the injured worker was being monitored for aberrant drug behavior. The injured worker was being monitored for side effects. Given the above, the request for OxyContin 40 mg ER #1 is not medically necessary.

Oxycontin 80mg ER, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The documentation indicated the injured worker was utilizing the medication twice a day. The daily oral morphine equivalence would equal 260 mg which exceeds the maximum recommendation for 120 mg. The request as submitted failed to indicate the frequency for the requested medication. The documentation indicated the request was for a 1 month supply which would equate to 60 tablets. There was a lack of documentation of an objective decrease in pain, and that the injured worker was being monitored for aberrant drug behavior. The injured worker was being monitored for side effects. Given the above, the request for OxyContin 80 mg ER #1 is not medically necessary.

Carisoprodol 350mg, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. There was a lack of documentation indicating the injured worker had muscle spasms. The request per the physician documentation was for 90 tablets, not for 1 tablet. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for carisoprodol 350 mg #1 is not medically necessary.

Celebrex 200mg, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. The documentation indicated the request was for 30 tablets. Given the above, the request for Celebrex 200 mg #1 is not medically necessary.

Hydrocodone 10/325mg, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The documentation indicated the injured worker was utilizing the medication twice a day. The daily oral morphine equivalence would equal 260 mg which exceeds the maximum recommendation for 120 mg. The request as submitted failed to indicate the frequency for the requested medication. The documentation indicated the request was for a 1 month supply which would equate to 60 tablets. There was a lack of documentation of an objective decrease in pain, and that the injured worker was being monitored for aberrant drug

behavior. The injured worker was being monitored for side effects. Given the above, the request for hydrocodone 10/325 mg #1 at 5 tablets per day is not medically necessary.

Senna 8.6/50mg, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review indicated the injured worker had constipation due to the medications. However, the efficacy was not provided. The request for the medication per the physician documentation was for a 1 month supply. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Senna 8.6/50 mg #1 is not medically necessary.