

Case Number:	CM15-0090004		
Date Assigned:	05/14/2015	Date of Injury:	11/18/1994
Decision Date:	06/16/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 (IW) is a 57 year old male who sustained an industrial injury on 11/18/1994. He reported back and leg pain with pain greater in his legs than in the back. The injured worker was diagnosed as having a large L4-5 disc protrusion and extruded fragment. He had a left L3-4 and L4-5 decompressive laminectomy and L4-5 discectomy on 12/11/1996 followed by worsened pain with radicular symptoms. He has had repeated back surgeries, epidural injections, spinal cord stimulators, and pain management and is now treated for chronic low back pain. Treatment to date has included psychological pain management services, a spinal cord stimulator, a tapering of pain medications to their current level, and weight reduction. An electrodiagnostic study 08/2011 revealed left>right radiculopathy. Currently, the injured worker complains of increased burning pain in the right anterior thigh and numbness in the bottoms of his feet. His active medications include Oxycodone HCL 30 mg tabs 1 every 4 hours, Oxycontin 80 mg XR ,12 H tabs 3 three times a day, Trazodone HCL 150 mg tabs, one at bedtime, Soma 350 mg tabs 1 three times daily, and Provigil 200 mg tabs, 1 daily as needed for somnolence. His BP is 130/80, his pulse 70, and respirations 16 at the physician visit of 03/25/2015, and his BMI is 49.42. Requested at this time are a Urine toxicology, Oxycontin 80mg #270, and Oxycodone HCL 30mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and Opioids, dosing and ongoing management Page(s): 80-83 and 86 and 78-80.

Decision rationale: Oxycontin 80mg #270 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation indicates that the patient is using over 120mg oral morphine equivalents daily long term. The documentation indicates that the patient has been on long term opioids for chronic low back pain which is not supported by the MTUS. There have been prior recommendations for weaning. The request for Oxycontin is not medically necessary.

Oxycodone HCL 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and Opioids, dosing and ongoing management Page(s): 80-83 and 86 and 78-80.

Decision rationale: Oxycodone HCL 30mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation indicates that the patient is using over 120mg oral morphine equivalents daily long term. The documentation indicates that the patient has been on long term opioids for chronic low back pain which is not supported by the MTUS. There have been prior recommendations for weaning. The request for Oxycodone is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT).

Decision rationale: Urine toxicology is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The documentation indicates that there have been prior utilization reviews stating that the prescribed opioids were not medically necessary, therefore the request for urine toxicology is not medically necessary.