

Case Number:	CM15-0099437		
Date Assigned:	06/01/2015	Date of Injury:	09/26/2001
Decision Date:	06/30/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/22/2015

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 60 year old male, who sustained an industrial injury on 09/26/2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having intrinsic disc disruption at lumbar three to four, post lumbar laminectomy syndrome, bilateral sacroiliac joint, bilateral sciatica with piriformis syndrome, extensive myofascial spasms, and intractable pain. Treatment and diagnostic studies to date has included above listed procedure, medication regimen, lumbar discogram, and exercises. In a progress note dated 05/04/2015 the treating physician reports persistent low back pain and right lower extremity pain. Examination reveals slow antalgic gait, tenderness to palpation of the cervical spine, lumbar spine, sacroiliac joint, piriformis muscles, and sciatic notch along with mid to low myofascial spasms. The injured worker's current medication regimen includes Morphine Sulphate Immediate Release, Oxycontin, Soma, Lidoderm, Neurontin, Ipratropium, Temazepam, Clonidine, Tizanidine, and Ambien. The progress note indicated that the injured worker's medication regimen assisted with pain management and improved the injured worker's function, but the documentation did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. The treating physician requested Oxycontin 80mg 2 every 8 hours with a quantity of 180, Oxycontin 40mg 1 every 12 hours with a quantity of 60, and Morphine Sulphate Immediate Release 1 to 2 every 4 hour with a maximum of 7 a day with a quantity of 210 with the treating physician noting current use of these medications as noted above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg 2 q8h #180: 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 (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2001. He continues to be treated for low back and right lower extremity pain. When seen, there was an antalgic gait. He had paraspinal muscle spasms. Medications being prescribed included OxyContin and MSIR at a total MED (morphine equivalent dose) of over 1,000 mg per day. 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 nearly 10 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. Therefore, ongoing prescribing of OxyContin at this dose was not medically necessary.

Oxycontin 40mg 1 q12h #60: 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 (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2001. He continues to be treated for low back and right lower extremity pain. When seen, there was an antalgic gait. He had paraspinal muscle spasms. Medications being prescribed included OxyContin and MSIR at a total MED (morphine equivalent dose) of over 1,000 mg per day. 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 nearly 10 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. Therefore, ongoing prescribing of OxyContin at this dose was not medically necessary.

MSIR 30mg 1-2 q4h (max 7/day) #210: 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 (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2001. He continues to be treated for low back and right lower extremity pain. When seen, there was an antalgic gait. He had paraspinal muscle spasms. Medications being prescribed included OxyContin and MSIR at a total MED (morphine equivalent dose) of over 1,000 mg per day. 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 nearly 10 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. Therefore, ongoing prescribing of MSIR at this dose was not medically necessary.