MAXIMUS Federal Services

Case Number:	CM14-0143520		
Date Assigned:	09/10/2014	Date of Injury:	10/12/2000
Decision Date:	09/15/2015	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/04/2014

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 41 year old female with an industrial injury dated 10-12-2000. The injured worker's diagnoses include lumbar degenerative disc disease, neck sprain and strain, thoracic outlet syndrome, and reflex sympathetic dystrophy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 08-13-2014, the injured worker's chief complaints included bilateral neck and lumbar spasms. The injured worker reported increased swelling, coolness, and pain in bilateral hands, right greater than left. The injured worker reported that her neuropathic pain continued to impair activities of daily living and sleep. The injured worker also reported that the Oxycodone was ineffective at the present dose. Objective findings revealed mild bilateral paracervical tenderness, right greater than left, bilateral cervical spasm, bilateral paralumbar tenderness and spasm, and antalgic gait. The treatment plan consisted of medication management .The treating physician prescribed Oxycodone HCL 30MG #30, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2000 and continues to be treated for chronic pain including a diagnosis of CRPS. Opioid medications with reported adverse effects are morphine, Sentinel, and methadone. When seen, her oxycodone dosing was ineffective at its current dose. Pain was rated at 8/10. There was cervical and lumbar tenderness and lumbar paraspinal muscle spasms. There was decreased right grip strength. There were findings consistent with bilateral upper extremity CRPS. There was an antalgic gait. Extended release oxymorphone 40 mg #150 and oxycodone 30 mg #300 were prescribed at a total MED (morphine equivalent dose) of over 1000 mg per day. Extended release oxymorphone was being prescribed with dosing instructions of 80 to 120 mg two times 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. There are no unique features of this case that would support dosing at this level. The extended release opioid medication is not being dosed correctly. Despite the high dose being prescribed, there is no documentation that medications are providing decreased pain, an increased level of function, or improved quality of life. Ongoing prescribing at this dose was not medically necessary.