MAXIMUS Federal Services

Case Number:	CM13-0019287		
Date Assigned:	10/11/2013	Date of Injury:	04/16/2003
Decision Date:	01/13/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in internal medicine, has a subspecialty in pulmonary disease, and is licensed to practice in California. 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 physician 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/services.

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 patient is a 41-year-old male who reported a work-related injury on 04/15/2003. The mechanism of injury was noted as moving a heavy object. The patient's diagnoses include low back pain, status post lumbosacral fusion at L4-5 and L5-S1, multilevel lumbar spinal stenosis, degenerative disc disease, degenerative joint disease, lumbar facet arthrosis multilevel, multifactorial stenosis, chronic low back pain, and lateral epicondylitis. The patient's medication list includes OxyContin and Norco. The patient's recent lumbar spine x-rays revealed probable solid fusion and possible broken screw at S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78,86.

Decision rationale: California Chronic Pain Medical Treatment Guidelines indicate the 4 A's (Analgesia, Activities of daily living, Adverse side effects, and Aberrant drugtaking behaviors) should be monitored and documented, addressing analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior, which were not documented to support

continuation of this medication. A satisfactory response to treatment was not noted for the patient, which may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Clinical note dated 08/05/2013 stated that the patient was awaiting revision of lumbar spine fusion. He was also currently awaiting tighter glycemic control prior to attempting the lumbar spine fusion. He stated his pain level was now functional with medications, but his pain was still intractable in nature. No ill effects were noted from the medications. Physical examination of the lumbar spine revealed diminished sensation to the bilateral lower extremities. Tenderness to palpation was noted over the bilateral lumbar hardware at L4-5 and L5-S1, and the patient had severely diminished and painful range of motion. A healed posterior mid-line incision was noted. The treatment plan stated to refill the patient's medications, continue home exercise program, work on tighter glycemic control and OxyContin 80 mg 1 by mouth 4 times a day #120, and Norco 10/325 mg 1 by mouth at bedtime #120. The patient was noted to perform urine drug screens on a consistent basis. The patient's medications equal a total daily morphine equivalent dose of greater than the recommended 120 mg at 190 mg. The request for Norco 10/325mg, 120 count, is not medically necessary or appropriate.

Oxycontin 80mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Chapter Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Opioids - Dosing Section Page(s): 78 86.

Decision rationale: The Physician Reviewer's decision rationale: The patient complained of pain that was intractable in nature. Physical examination revealed tenderness to palpation over the bilateral lumbar hardware at L4-5 and L5-S1. He had severely diminished range of motion and painful range of motion. Diminished sensation to the bilateral lower extremities was noted, right greater than left, along the L4, L5, and S1 distributions. There was also continued diminished motor strength at the L5 and S1 distribution. Left elbow exam revealed mild to moderate soft tissue swelling noted above the left lateral epicondyle with painful gripping noted on the left side. There was a positive tennis elbow test. Treatment plan included to refill the patient's medication, continue home exercise program, work on tighter glycemic control, and OxyContin 80 mg 1 by mouth 4 times a day #120, and Norco 10/325 mg 1 at bedtime #120. The patient was noted to remain temporarily totally disabled. He was advised to return to the clinic in 6 weeks. According to the clinical documentation submitted for review, the patient was noted to undergo fairly consistent urine drug testing. California Chronic Pain Medical Treatment Guidelines recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day. The patient's medications equal a total daily morphine equivalent dose of greater than the recommended 120 mg at 190 mg MED. Guidelines further state that a satisfactory response to treatment with opioids should be documented by the patient's decreased pain, increased level of function, or improved quality of life. There was no documentation noting the patient's functional benefits which could be objectively measured due to the use of OxyContin. The request for Oxycontin 80mg, 120 count, is not medically necessary or appropriate.