

Case Number:	CM13-0035330		
Date Assigned:	12/13/2013	Date of Injury:	02/05/2004
Decision Date:	04/14/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/17/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63 year old male with a date of injury on 2/5/2004. The patient has ongoing symptoms related to his lower back. Diagnoses include post lumbar laminectomy syndrome, low back pain, spasm of muscle, and constipation. Subjective complaints are of continued low back pain, with no new problems or side effects. It is noted patient is taking medications as prescribed, and they are working well. Physical exam shows an antalgic gait, decreased lumbar range of motion, and decreased sensation over calves bilaterally. The patient has a spinal cord stimulator placed in 2012. Medications include Colace, trazadone, Neurotin, Lidoderm, Flexeril, Flonase, Lavaza, Niaspan, Zetia, Norco 10/325 three times a day, and Oxycontin 20mg twice daily. Office notes further state that Norco allows patient to perform exercise and light house work. Oxycontin is noted to decrease baseline pain from 10/10 to 6/10 and allows for walking and able to be independent with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 10/325MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): s 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Norco was taken for breakthrough pain, and was noted to increase function and ability to exercise. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

PRESCRIPTION OF OXYCONTIN 20MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Oxycontin was taken for baseline pain control, and was noted to increase function and ability to be independent in his activities of daily living. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.